



62601



Class _____ No. _____

Presented by

H. A. Ware, M.D.

\$1.60



Digitized by the Internet Archive
in 2013



SOUTHERN CALIFORNIA PRACTITIONER

VOLUME XVII

WALTER LINDLEY, M.D., Editor and Publisher

F. M. POTTENGER, M.D., Assistant Editor

GEORGE L. COLE, M.D.

H. BERT ELLIS, M.D.

Associate Editors

COLLEGE OF PHYSICIANS
OF
PHILADELPHIA

1414 SOUTH HOPE STREET

LOS ANGELES, CAL.

1902

MAY - 2 1903

OFFICE OF PATENT
TO
PHILADELPHIA

INDEX TO VOL. XVII.

LIST OF CONTRIBUTORS.

Abbott, George E., M.D., Pasadena.	Kurtz, Joseph, M.D., Los Angeles.
Atkins, Francis H., M.D., Los Angeles.	King, Mrs. Laura E., Los Angeles.
Barlow, W. Jarvis, A.B., M.D., Los Angeles.	Lindley, Walter, M.D., Los Angeles.
Beckett, W. W., M.D., Los Angeles.	Lobingier, Andrew Stewart, M.D., Los Angeles.
Black, Stanley P., M.D., Los Angeles.	Lukins, Hon. T. P. Pasadena.
Booth, James P., M.D., Needles.	MacGowan, Granville, M.D., Los Angeles.
Brainerd, H. G., A.M., Los Angeles.	Major, E. E., M.D., Redlands.
Browning, C. E., M.D., Highland.	McAdie, Prof. Alexander L., San Francisco.
Bullard, Rose Talbot, M.D., Los Angeles.	McBride, J. H., M.D., Los Angeles.
Burdette, Mrs. Robert J., Pasadena.	McCoy, Thomas J., Los Angeles.
Burnham, F. R., M.D., San Diego.	McNeil, H. Gordon, M.D., Idyllwild.
Cole, Geo. L., M.D., Los Angeles.	Moore, M. L., M.D., Los Angeles.
Davidson, Anstruther, C.M., M.D., Los Angeles.	Morris, Robert T., M.D., New York City.
Davis, Geo. Wm., M.D., San Francisco.	Newkirk, Garrett, M. D., Pasadena.
Davis, B. M., M.S., Los Angeles.	Parker, A. S., M.D., Riverside.
Dickson, John, M.D., Salt Lake City.	Pottenger, F. M., Ph.M., M.D., Los Angeles.
Ellis, H. Bert, A.B., M.D., Los Angeles.	Rogers, A. C., M.D., Los Angeles.
Fitzgerald, O. D., M.D., Los Angeles.	Sanborn, C. A., M.D., Redlands.
Fleming, E. W., M.D., Los Angeles.	Sawyer, W. B., M.D., Riverside.
Fowler, W. S., M.D., Bakersfield.	Smith, Louise Cary, Pomona.
Fraenkel, Prof. B. Berlin.	Soiland, Albert, M.D., Los Angeles.
Halsted, Mrs. L. Hazzard, Pasadena.	Stafford, A. A., M.D., Alameda.
Hastings, Hill, M.D., Los Angeles.	Taylor, Raymond G., M. D., Los Angeles.
Haynes, John R., M.D., Los Angeles.	Thomas, F. W., M.D., Claremont.
Hitchcock, W. W., M.D., Los Angeles.	Tyler, Hoell, M.D., Redlands.
*Hull, Geo. L., Sc.D., M.D., Pasadena.	Van Zwalenburg, C., M.D., Riverside.
Jones, Helen Lukens, Pasadena.	Walker, Smith L., M.D., Los Angeles.
Kendall, Oscar J., M.D., Riverside.	Wheat, J. M., M.D., Redlands.
King, John C., M.D., Banning.	Williams, Ralph, M.D., Los Angeles.
*Deceased.	

EDITORIALS.

	PAGE		PAGE
Aneurism of the Thoracic Aorta.....	28	Death of Dr. Conley Heaton.....	337
American Climatological Association.....	255	Death of Ewing Jones	338
Arsenic in Phthisis	467	Death of Virchow	419
Bard, Cephas L., at Death's Door.....	67	Drugless Doctors	456
Cupid's Chalice	65	Electricity in Treatment of Aneurism.....	27
Carbolic Acid in the Treatment of Piles.....	147	Fenger Dinner	66
Christian Fenger Memorial.....	149	Great White Plague	39
Czolgosz the Assassin	101	Golden Wedding of Dr. David B. Van Slyck	195
Consanguineous Marriages	343	Gundrum, Death of Doctor.....	65
College Lecture Schedule	463	Gallstones—Their Medical Treatment.....	197
Dairy Sanitation	300	Graduate Nurses	258
Death of Dr. Wm. C. Brown	193	Gallstones, Treatment of	339
Death of Dr. Levi Cooper Lane	194	Idyllwild in Philadelphia.....	27
Death of Dr. Christian Fenger	196	Idyllwild in Winter.....	31
Death of Dr. Christian Fenger	196	Idyllwild Medical Meeting	253
Death of Dr. Paul F. Munde.....	197	Insane—Acute and Convalescing	254
Death of Dr. Mortimer Ayers	151	Kaspars Cohn Hospital	421
Death of Dr. W. S. Muir	156	Language in Presence of Nurses.....	392
Death of Dr. Cephas L. Bard	194	Los Angeles Medical College	418
Death of Dr. Joseph Eastman	299	Loving Cup and Banquet for Dr. Brainerd.....	420
Doctor Combes, Premier of France.....	392		

	PAGE		PAGE
Lorenz in Los Angeles	469	President Roosevelt's Injury	465
Marriage, Heredity and Divorce	31	Redlands Medical Society	209
Mackey, Dr. Maud A., in Pekin.....	71	Sanatorium for Health	29
Massachusetts Vaccine	256	Sickness of Dr. W. Jarvis Barlow.....	339
Maynard's Honolulu Trip	463	Small-Pox, Modern	149
Nasal Surgery	165	Southern California Medical Society	148
Nauehm Baths	155	State Medical Society	192
Nitrous oxide as an Anesthetic.....	338	Syphilis	198
Negroes in Philadelphia	329	Tent Life for the Sick	64
Negro—The Mortality of	465	Thoracic Aorta, Aneurism of	28
Nurses, Training of	28	Three National Tragedies	98
Open-Air Treatment	338	Training of Nurses	28
Pomona Valley Medical Society	101	Treatment of Piles by Injection of Car- bolic Acid	147
Piles—Treatment of by Injection of Car- bolic Acid	147	Twenty-Ninth Session Southern California Medical Society	191
Philippines, in the	139	Tuberculosis, Prevention of	135
Phi Rho Sigma	258	University Medical College	258
Puerperal Fever from a Surgeon's Stand- point	334	Urinary Analysis in Phthisis	418
Pasadena Medical Society	378	Valley Societies	462
Phthisis, Urinary Analysis in	418	Winter, Idylwild in	31

BOOK REVIEWS.

	PAGE		PAGE
Account Book, The Pocket	508	Obstetrics, Year Book of (Peterson)	204
Bacteriology (Abbott)	306	Ophthalmic Myology (Savage)	345
Bandaging (Davis)	380	Orthopedic Surgery (Ridlon)	381
Bandage, The Rolier (Hopkins).....	428	Obstetrics, Practical (Reynolds & Newell) 471	
Bacteriology, Syllabus of	429	Obstetrics, The Science and Art of (Gar- rigues)	510
Cocoa, History of	37	Physicians' Visiting List (Blakiston)	35
Clinics, International, Vol. III (Cattell)....	109	Prescription Writing (Neff).....	76
Clinics, International, Vol. IV (Cattell)....	292	Physiology, Essentials of (Budgett).....	111
Clinics, International, Vol. I (Cattell).....	265	Progressive Medicine, Vol. IV (Hare).....	111
Climatology (Birdsack)	344	Physiologic Therapeutics (Cohen).....	160
Climatology (Solly)	427	Progressive Medicine, Vol. I (Hare).....	266
Clinics, International, Vol. II (Cattell)....	425	Pediatrics (Christopher)	381
Christian Science (Underhill)	473	Physiology (Evans)	426
Dictionary Quains	267	Progressive Medicine, Vol. III (Hare).....	471
Diagnosis, Physical (Le Fevre).....	429	Physicians' Visiting List (Blakiston).....	507
Doctor, The and the Public (Hedra).....	472	Reference Hand Book, Vol. III (Buck)....	35
Dermatology (Grindon)	507	Reference Hand Book, Vol. IV (Buck)....	263
Formulary, Medical News	76	Surgical Operations (Crile)	72
Freethinker's Manual	267	Surgery, Text Book of (Tillmanns).....	75
Gynecology (Dudley)	204	Small-Pox, Treatment of (Fox)III and	305
Gynecology (Henry)	389	Syphilis, Symposium of	203
Gynecology (Dudley)	426	Sexual Inversion (Havelock Ellis).....	203
Gynecology (Byford)	472	Surgery, General (Murphy).....	204
Hematology, Clinical (Dacosta).....	74	Surgery, Operations of (Jacobson).....	264
Intestines, Diseases of the Intestines (Hemmeter)	26	Surgery, Minor (Wharton)	305
Laryngology (Grayson)	381	Stomach, Diseases of (Hemmeter)	427
Medicine, Principles and Practice of (Osler) 73		Skin, Diseases of	5.9
Medical Annual, International	161	Typhus and Typhoid Fever (Northnagel)... 71	
Medicine, General (Billings)	305	Typhoid Fever (Moore)	473
Materia Medica (Butler)	344	Temple, Story of a Living (Rossiter).....	507
Mother and Child (Davis)	345	Taste, The Rewards of (Bridge)	480
Materia Medica and Therapeutics (Schleif) 427		Venereal Diseases (Hayden)	110
Medical News Visiting List	507	Venereal and Skin Diseases (Baum & Pat- rick)	472
Massage, Treatise and History (Graham)....	509	Venereal Diseases (Schmidt)	509
Nervous and Mental Diseases (Pershung)....	75	Warwick of the Knobs (Lloyd)	37
Nursing, Childbed (Jewett)	204	Women, Diseases of (Davenport).....	267
Nursing, Childbed (Jewett)	519	Year's Progress in Medicine and Surgery.. 36	
Obstetric and Gynecologic Nursing (Davis) 36			
Obstetrics, Essentials of (Jewett)	72		

ARTICLES.

PAGE	PAGE
Abdominal Surgery..... 11	Black, Dr. Stanley P.....66, 149, 151, 152, 216
Abbott, Dr. Geo. E.....66, 192, 195, 312	Blood Count at High Altitudes..... 98
Academy of Medicine..... 34	Blythe, Dr. T. M..... 290
Acetone and Diabetic Acid Toxemia..... 492	Booth, Dr. J. P..... 470
Achylia Gastrica 5	Bolton, Dr. W. T..... 195
Acne-Treatment of..... 14	Boston Medical and Surgical Journal..... 29
Acne Ointment..... 329	Boyd, Dr. J. P.....153, 261, 340
Acne Simple..... 329	Brain Abscess, due to Mild Ear Disease..... 61
Adams, Dr. F. L..... 193	Brainerd, Dr. H. G., 31, 195, 258, 308, 341, 501
Age of marriage..... 415	Brayton, Dr. A. W..... 149
Ainsworth, Dr. F. K..... 501	Bridge, Dr. Norman.....66, 108, 149, 195, 251, 256
Alcohol penetration into the skin..... 409345, 377, 480, 502
Alopecia, Treatment of..... 330	Briggs, Dr. Solon.....66, 195
Allan, Dr. Robert T..... 260	Briggs, Dr. C. A..... 195
Allen, R. T..... 260	British Medical Association..... 350
Altitude, Dry air and Sunshine in Treat- ment of Tuberculosis..... 19	Breasts, Massage of, During Lactation.... 367
Altitude, in Heart Disease..... 185	Brooklyn Medical Journal 301
American Medicine.....19, 61, 468, 492	Broughton, Dr. G. A..... 498
American Oculist in Berlin..... 481	Brown, Dr. O. E..... 31
American Journal Obstetrics..... 57	Brown, Dr. T. F..... 377
Anderson, Dr. P. L..... 200	Brown, Dr. O. S..... 422
Anderson, Dr. Winslow.....154, 342	Brown, Dr. Oscar S..... 69
Anderson, Paul T..... 200	Browning, Dr. C. C.....165, 200, 462, 470
Anderson, Dr. Helon O..... 376	Bruner, Dr. F. M..... 262
Aneurism, Abdominal..... 165	Brusu, Dr. Paul..... 341
Antitussin 544	Bryan, Dr. George C..... 503
Anti-Tuberculous League..... 486	Bryant, Dr. E. A..... 501
Antivenene 74	Buell, Dr. E. C..... 501
Appel, Major D. M..... 29	Bulkley, Dr. L. D..... 377
Appel, Major..... 154	Bullard, Dr. F. D.....65, 66, 192, 195, 254
Appleton, D. & Co..... 488	Bullard, Dr. Rose Talbot.....16, 57, 65, 131, 195
Apex Proneness to Infection..... 325303, 367, 408, 489
Aristotle Once an Apothecary..... 330	Burnham, Dr. Clark..... 193
Armstrong, Dr. J. M.....377, 561	Burdette, Mrs. Robert J..... 362
Arnold, Dr. Horace D..... 256	Burnham, Dr. F. R.....195, 340
Atkins, Dr. Francis H..... 171	Burnham, F. R. M.D..... 1
Atterbury, Dr. B. C..... 195	Burton, Dr. R. H..... 501
Atlanta Journal, Record of Medicine..... 75	Buteau, Dr. S. H..... 193
Babeock, Dr. W. D..... 195	Butter as a Laxative..... 329, 377
Bacon, Dr. J. E..... 423	Byrne, Mr. J. J..... 253
Baird, Dr. J. G.....368, 463	California Health Resorts..... 295
Baker, Dr. Fred..... 192	California State Board of Examinations.... 482
Baker, Dr. Charlotte..... 192	Campbell, Dr. R. A..... 422
Balch, Dr. S. C..... 197	Campbell, Dr. M. B..... 502
Baldy, Dr. J. M..... 16	Cancer-Uterine, Neck..... 16
Ball, Dr. C. D.....153, 260, 262	Carpenter, Dr. Frank B..... 193
Barber, Dr. D. C..... 376	Carson, Dr. J. L..... 469
Bard, Dr. Cephas L.....155, 193, 251	Carson, Dr. J. R..... 501
Bardisms 251	Case, Dr. C. L..... 421
Bardill, Dr. C..... 422	Cataract with Complications..... 43
Barlow, Dr. W. Jarvis.....53, 77, 155, 256	Cates, Dr. H. G..... 501
Barnard, Dr. F. S..... 501	Centenarians 329
Bartholow, Professor Roberts..... 313	Cerebral Abscess, due to Compound Com- minuted Fracture of Skull..... 60
Bayless, Dr. J. N..... 503	Cervix, Laceration of, Dilatation, Curet- tage 57
Becket, Dr. W. W.....66, 148, 192, 195, 254, 340	Chadbourne, Dr. E. R..... 195
Beckingsale, Dr. D. L..... 493	Chapin, Dr. A. R.....66, 195
Betts, Dr. Wm. Winthrop..... 34	Chiene, John..... 351
Biddell, Dr. A. P..... 423	Children, Rights of..... 80
Bicknell, Dr. F. T.....259, 309, 340	Children's Hospital..... 70
Bixby, Dr. E. M..... 193	Chloro-Anaemia 126

	PAGE		PAGE
Chorion, Cystic Degeneration of.....	449	Dickson, Dr. John.....	485
Christ, Winding sheet of.....	398	Dillworth, Dr. W. D.....	194
Church, Dr. R. F.....34, 69, 135, 192, 462, 501		Dodsworth, Dr. R. M.....	393, 341
Cigarettes Advantages of.....	108	Doty, Dr. Alvah H.....	35
Clapp, Dr. Herbert C.....	23	Drink, Annual, Consumption per capita.....	170
Clarke, Dr. Louise Harvey.....19, 69, 463		Dryer, Dr. John L.....	153, 261
Clark, Dr. S. C.....	503	Duffield, Dr. Wm.....	251
Clark, Dr. Geo. C.....	168	Dukeman, Dr. W. H.....	501
Cleveland, Journal of Medicine.....	34	Dysentery Treatment of.....	35
Cleveland Medical Journal.....	152	Eclampsia.....	282
Cleeman, Dr. R. C.....	256	Edebohlis, Dr. George N.....	155
Climatology in California.....	287	Ellinwood, Dr. C. N.....	343
Clothing, Disinfection of.....	35	Ellis, Dr. H. Bert.....	65
Cocain: Dangers of Spinal, use of.....	110	Ellis, H. Bert A. B. M.D.....	115
Cocainization of Nerve Trunks.....	491	Ellis H. Bert, M.D.....31, 66, 193, 260, 303, 420	
Cocaine Anesthesia, two deaths from.....	428	Enteroptosis and Pregnancy.....	508
Coe, Dr. Henry Waldo.....	261, 422	Enteroptosis.....	447
Coffman, Dr. H. L.....	32	Epistaxis-Adrenalin in.....	282
Colburn, Dr. John R.....	501	Ethnology in the South.....	188
Cole, Dr. George L.....66, 193, 195, 258, 311, 349,		Englemann, Dr. George J.....	25
	420, 469	Evans, Dr. J. H.....	209, 463, 470
Colliver, J. A.....	209	Evans, Dr. Geo. H.....	193
Colliver, Dr. J. A.....	32, 349, 468	Eye Strain, Symptoms of.....	47
Colorado Climate and Hemorrhage.....	96	Fahrenheit to Centigrade.....	329
Consumption Izal in Treatment of.....	186	Fate of the Apostles.....	331
Consumption Legislation against.....	145	Fellows, Dr. Alfred.....	376
Consumption Curable.....	154	Female Sterility.....	251
Consumption Prevention of, in Austria.....	456	Fenn, Dr. C. M.....	31
Consumption Treatment in High Altitudes.....	292	Fenner, Dr. H. E.....	377
Conrad, Dr. David.....	66, 195	Fenyess, Dr. A.....	66
Connecticut Sanatorium for Alcoholic and		Ferguson, Dr. Frank C.....	342
Narcotic Patients.....	408	Ferguson, E. G., M.D.....	188, 342
Cook, Dr. Edward J.....	66	Field, D. M.....	376
Cooper Medical College.....	483	Fielding, Dr. G. A.....	258
Copulation.....	519	Fiset, Dr. L. A.....	31
Corbin, Dr. F. E.....	34	Fish, Dr. Charles W.....	501
Cotter, Dr. P. G.....	422	Fiske, Dr. Samuel A.....	304, 256
Cough in Pulmonary Consumption, Treat-		Fitch, Dr. W. Warren.....	368
ment of.....	20	Fitzgerald, O. D., M.D.....	284
Cousins Marriage of.....	343	Fleming, Dr. E. W.....	250, 272, 422
Cowen, Dr. A. B.....	469	Follansbee, Dr. E. A.....	195
Cowles, Dr. J. E.....	501	Foreign Bodies, Removal from External	
Craig, Dr. R. W.....	303	Auditory Canal.....	39
Cremaster Reflex in Sciatica.....	60	Formaldehyde and Disinfection.....	142, 246
Croup-Membranous.....	13	Fowler, Dr. W. S.....	47, 193, 469
Cummings, Dr. Wm. M.....	153	France, Census of.....	25
Cunane, Dr. T. E.....	194	France, Depopulation of.....26, 70, 497, 470	
Currier, Albert E., M.D.....	183	France, Decreased Birthrate in.....	457
Cushing, Dr. Harvey.....	491	France, Tuberculosis in.....	94
Czolgosz.....	30	Freeman, Dr. Wm.....	153, 262, 468
Da Costa, Dr. J. C.....	57	French, Dr. C. E.....	258
Davidson, Dr. Anstruther.....	393	Frick, Dr. Donald.....	425
Davidson, Dr. J. D.....	469	Friedenwald, Dr. Harry.....	304
Davis Professor B. M.....	142	Frisbie, Dr. E. G.....	303
Davis, Dr. G. W.....	160	Frost, Dr. E. R.....	501
Davison, Dr. J. H.....	32, 349	Gallant, Dr. A. Ernest.....	423
Davos, Platz.....	35	Galloway, Dr. H. P. H.....	323
Dawson, Dr. Wm. J. G.....	160, 192, 378	Garcelon, Dr. Frank.....	337, 340, 462
Deacon, Dr. George.....	66, 195	Gardner, Dr. A. M.....	254
Dearth, Dr.....	501	Garfield, James A.....	100
Deaver, Dr. John B.....	57	Gault, Dr. Sophia L.....	421
Denison, Chas. A. M. M.D.....	189	Gay, Dr. George W.....	147
Dentistry a very Ancient Profession.....		Gear, Dr. Geo.....	378
Denver Medical Times.....	326	Geddings, H. G., Surgeon.....	107
Dickson, Dr. C. B.....	501	Gere, Dr. George E.....	340
Dickson, Dr. C. S.....	463		

INDEX TO VOL. XXII

	PAGE		PAGE
Germann, Dr. Henry	495	International Congress of Medicine	1
Gill, Dr. C. J.	488	Little Children's Hospital	1
Gillstone, Dr. C. W.	40, 127, 163	Jane, Dr. John F.	1
Gonorrhea, Treatment of	363	Jellies, Dr. James J.	1
Gonorrhea and Marriage	409	Johns Hopkins Hospital, Operating Room	1
Good Beefsteak	334	Johnson, Dr. L. D.	1
Goodhue, Dr. W. J.	339	Johnson, Bishop Joseph H.	1
Goat's Milk	383	Johnston, William H.	1
Gordon, Dr. H. S.	264, 374	Johnston, Dr. W. M.	1
Grape Juice, Sterilized	176	Jones, Dr. E. A.	1
Green, Dr. Ralph R.	395	Jones, Dr. W. H.	1
Griffith, Dr. Frederick	459	Jones, Dr. J. E.	1
Grimmell, Dr. Fordyce	195	Jones, Prof. Philip M.	1
Gwaltney, Dr. Sylvester	269, 468	Jones, Dr. C. E.	1
Hagadorn, Dr. Mary	195	Journal American Medical Association	1
Hagadorn, Dr. J. Lee	184, 394	Kearney, Dr. Elizabeth F.	1
Hagan, Dr. Ralph	501	Kelley, Dr. A. L.	1
Halsband at Johns Hopkins	32	Kellogg, Dr. Francis B.	1
Hare, Dr. Geo. A.	193	Kelly, Dr. E. E.	1
Harris, Dr. P. A.	47	Kelly, Dr. Howard A.	1
Harris, Dr. R. A.	209	Kendall, Dr. George J.	1
Harrison, Reginald	351	Kendrick, Dr. J. C.	1
Hastings, Dr. Hill	220, 253	Kenyon, Dr. C. G.	1
Hasson, Dr. D. W.	262	Kerr, Dr. W. W.	311
Hatfield, Dr. Marcus P.	433	Keyes, Dr. Henry	70
Haynes, Dr. John R.	196, 192, 195, 244	Ketcham, Dr.	1
Haynes, Dr. T. M.	469	King, Dr. Charles Lee	1
Hazlett, Dr.	69	King, Dr. John C.	192, 254, 341, 384
Headache, Functional Forms	264	King, Mrs. Laura E.	1
Hearne, Dr. J. C.	70	Kirk, Dr. J. M.	193, 19
Hematemesis After Operation	408	Kirkpatrick, Dr. J. L.	1
Hemmeter, Dr. John C.	265	Kirkpatrick, Dr. R. C.	1
Hendryx, Dr. W. A.	31	Kistler, Dr. Samuel L.	251
Henderson, Dr. E.	337, 373	Knopf, Dr. S. A.	18, 194, 262, 335, 337, 376, 426, 46
Hernia, Indications for Operations	8	Knox, Dr. S. B. P.	10
Hibbard, Dr. W. Edward	393, 393, 502	Kurz, Dr. Joseph	199, 469
Hinsdale, Dr. Guy	155, 256, 265	Kurz, Dr. Carl	26, 393, 404
Hirst, Dr. B. C.	57	Lacey, Dr. Jno. H.	341
Hitchcock, Dr. W. W.	332, 326	Laird, Dr. J. W.	1
Hobbs, Dr. A. T.	311	Lanphear, Dr. Emory	324
Hockett, Dr. L. D.	393	Lasher, Dr. George W.	31, 195, 260, 11
Hodghead, Dr. D. A.	160, 193	Latham, Dr. Arthur	1
Holcombe, Dr. A. L.	31	Leper Devotee	144
Hope, Dr. W. G.	503	Leunsky, Cause of	477
Horsley, Sir Victor	352, 492	Lewes, Dr. D. G.	1
Hospital, Long Island College	394	Lewis, Daniel, A.M., M.D.	151
Hughes, Dr. West	211	Lewis, Dr. W. M.	191
Hughes, Dr. Charles H.	149, 152, 129	Lewis, Dr. C. E.	176
Hull, Dr. Geo. S.	143, 143, 219, 366	Lewis, Dr. Bradford	1
Hull, Dr. George S., An Appreciation of	362	Libby, Dr. Arthur A.	198, 70, 66, 47
Hull, Dr. Robert	374	Lincoln, Abraham	1
Human Pump	328	Linley, Dr. Walter	192, 269, 475, 307, 79
Huntington, Dr. Thos. W.	260	Livingston, Dr. Andrew Stewart	1
Hutchinson, Dr. J. L.	504	Lockwood, Dr. Chris. D.	98, 10, 75
Ide, Dr. Charles E.	463, 454	London Falls, by Reduction of Nasal Obstruction	1
Ideals of the Medical Teacher	387	Longevity, Increase of	1
Idyllwild, Precipitation at	278	Longevity in Europe	1
Idyllwild from a Patient's Point of View	365	Lopez, Dr. A. N.	10
Idyllwild, Forests of	86	Love's Mirror	1
Idyllwild, Welcome Address	267	Love, The Song of	1
Illegitimate Births in Cities	109	Lowe, R. A.	1
Infectious Multiple Neuritis, Ten Cases of	51		
Insanity, Treatment of	474		
Insanity During Pregnancy	574		

	PAGE		PAGE
Laboratory, The, T. C.	88	Newkirk, Dr. Garrett	31, 66, 89, 195
Lund, Dr. Carl E.	198	Newmark, Dr. Philip	192
Lungs, <i>See</i>	313	Noble, Dr. Charles P.	107
Lungs, surgical treatment of	95	North, Dr. J. L.	502
Macdonald, Dr. William	354	New Mexico Medical Board	503
Macfarlane, Dr. J. A.	470, 503	New York Medical Journal	376, 499
Macgregor, Dr. A. L.	55, 345	New York Polyclinic	33
Maclean, Dr. Thomas E.	153	Nursing, Ethics of	82
Maclean, Dr. K. B.	138, 308, 309, 476	Nutting, Dr. O. W.	136
Maclean, Dr. E. F.	193	Obstetrical Experiences	393
Major, Donaldson and Physician	327	Obstetrician as Preventive Gynecologist... ..	144
Martens, (Hesselt) and Doctors	113	Occidental Medical Times	344, 500
Martin, Dr. J. P.	503	Oophorectomy, Its Effect on Mind and Nervous System	308
Martin, Dr. H. H.	26, 62, 463	Olive Oil and Creosol	502
Martinson, Dr. J. H.	504	Open Air Treatment	343
Mastoiditis, Treatment of	272	Orange County Medical Society... ..	70, 153, 261, 502
Mastrop, Dr. E. N.	502	Orthoform Laryngeal Tuberculosis	414
Mastrop, Dr. J. E.	423	Osborn, Dr. D. E.	193, 393
Mastrop, Dr. E. C. E.	199, 192, 195, 254	Osborn, Dr. H. E.	260
Mastrop, Dr. H. H.	24, 463, 501	Osculation	359
Medical and Surgical	79	Osler's Lectures	2
Medical	62	Outwater, Dr. Samuel	19
Medical History of Dr. Samuel Johnson... ..	177	Otis, Dr. Edward C.	35
Medical Record	32, 233, 341, 449	Our Country and Our President... ..	250
Medicine and Surgical Monitor	299	Ovarian Transplantation	175
Medicine and Surgical Progress	135	Pacific Hospital	369, 377
Milkmen, Smoothfaced	153	Pacific Medical Journal	425
Milner, Dr. O. W.	503	Packard, Dr. Francis R.	177
Miscellanea	97	Painful Menstruation	17
Modern Antiseptic Methods	249	Pahl, Dr. P. C.	470
Monitis, Composita of Medicine, The	339	Palmer, Dr. George Thomas	33
Monro, Dr. A. W.	136	Palette, Dr. E. M.	502
Moore, Dr. M. L.	340	Palpation	358
Moore, M. L., M.D.	168	Pardee, Dr. Geo. C.	425
Morris, Dr. Robert T.	175	Parker, Dr. A. S.	192, 225, 377, 468
Morrison, Dr. N. H.	108	Parker, Dr. J. W.	501
Mossely, Dr. Gayle G.	200, 470	Parker, Rushton	351
Mosquitoes, Destruction of	23	Parker, Dr. P. J.	153
Murphy, Dr. Floyd S.	105	Parker, Dr. W. C.	501
Muls, Dr. W. S.	196	Parkhurst, Dr. B.	501
Muls, John	277	Pasadena Medical Society... ..	10, 153, 378
Murphy, Dr. Claire W.	66, 195, 341	Passiflora Incarnata	485
Murphy, Dr. J. E.	153	Payton, Dr. J. A.	200
Murphy, Dr. Jos. H.	153	Payton, Dr. J. E.	200, 470
....., 192, 195, 258, 393, 399, 385, 429, 501		Percussion	358
McCarthy, Dr. D. S.	423, 504	Petroleum's Therapeutic Value	15
McGiv, Dr. Thomas J.	339, 463, 501	Phelps, Dr. Able M.	134, 442
McDonald, Dr. E. A.	200	Philadelphia Medical Journal	
McGann, Dr. C. F.	256, 25, 94, 153, 328, 339, 424, 503	
McGarry, Dr. Jno.	340	Phillips, Dr. W. F. R.	35, 256
McGowan, Dr. Granville... ..	42, 138	Phthisis, Treatment with Blue Light... ..	201
McKint, President	39	Phthisisophobia	173
McAdie, Alexander G.	287	Pierce, Dr. Clarence W.	34, 258
McNair, Dr. W. R.	251	Pitner, Dr. John L.	258
McNair, Dr. W. F.	502	Placenta Prævia	168
McNought, Dr. Harvard Y.	70	Platt, Dr. W. E.	341
McNair, Dr. Harvey G.	192, 242, 467, 501	Pneumonia, Treatment of	435
Nadeau, Dr. H.	421	Pneumonia, Croupous Terminating in Gan- grene	269
Nammeth, Dr. C. E.	256	Pneumonia, Death Rate From	114
Nammeth, R. C.	258	Poison Oak, Cure for	376
Negro Nurses	4	Pottenger, Dr. F. M.	
Negro, Description of	18, 173, 187, 227, 321, 354, 369, 492, 410, 424, 449, 486	
Negroes, (See)	160	Powell, Dr. David	133, 340
Nelson, Dr. A. W.	195		
Newkirk, Dr. A. B.	501		

INDEX TO VOL. XVI

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, JANUARY, 1902.

No. 1

DR. WALTER LINDLEY, Editor.
DR. C. G. STIVERS, Asst. Editor.
DR. H. BERT ELLIS,
DR. GEO. L. COLE } Associate Editors.

OBSERVATIONS IN JOHNS HOPKINS.*

BY F. R. BURNHAM, M.D., SAN DIEGO, CAL.

I have considerable hesitation in attempting to present anything that will interest this body of up-to-date doctors. I might have thought when I left home, that I was the only doctor on the Pacific Coast who had the hardihood to throw business to the winds, impose on my friends, and start on an eight-thousand-mile trip in quest of new medical thoughts. I did not get far, however, before I found I was only one of a large company, some of whom were on their way across the Atlantic. One of the most interesting and promising things that I noted was the large number of practitioners, graduates of from ten to thirty years, visiting the different medical centers pursuing various lines of work with the evident determination of keeping up with the most advanced thought and practice of the day. Men with bald heads were doing work in the pathological and bacteriological laboratories shoulder to shoulder with fourth-year students.

This is in harmony with the spirit of the age; everybody is trying to

make the most of himself or herself at whatever cost, and I am glad to see as a profession we are in the front rank. Neither in law or theology do you see such a large percentage of the profession making the sacrifices that we are to attain the highest and best in our science.

Every year increases the opportunities for post-graduate work in all lines. My observations lead me to think, however, that the day of post-graduate schools per se is passing. Doctors today are visiting the large clinics for general work, and where they want to work up special lines take individual instruction with men who give them personal attention, and in my opinion with far better results. The practice so long in vogue in Europe of traveling about from place to place to hear and see the work of the great teachers is becoming quite common in this country.

Nearly all of the men I met, and the number was quite large, had been observing and doing work in three or four of the medical centers in this

*Read before the Southern California Medical

Society, December 4, 1901.

country and some of them had also spent from three to nine months in Europe and on the continent. Not only is it interesting to this go about, but some new valuable points are always to be picked up in every place. This country in its best medical schools is fast approaching, if it has not already attained to, the best that is to be had in the world. I met men in Baltimore from various parts of Europe who said to me, "There is nothing better in the world than you have here." The fame of some of our institutions has already traveled abroad, and men from all over the world are now coming to study our methods. While this is true, each year sees a larger number of our profession going abroad to compare methods and exchange ideas. They come back not only with increased medical knowledge, but more cultured, broader and more charitable in their professional relations. The more a man knows, the less subject is he to petty jealousies.

SURGERY A FAD.

Surgery is the fad of the day; everybody from the new graduate without experience but tremendous ambitions and unbounded confidence, to the accomplished surgeon would carve his way to glory and renown by means of the scalpel. In no place was I so impressed with this fact as at Johns Hopkins Hospital; not that there was more surgery done there, but to a far greater extent than any other place I visited, the grandest opportunities in all lines of medical thought and research were within the reach of the student, and yet nine out of ten of the post graduates neglected everything else for surgery. From early in the morning until late at night both Dr. Kelly's and Dr. Halsted's operating rooms were crowded to the utmost limit of observation and then only a few

of the fortunate ones were able to see the details of the operation.

OSLER'S LECTURES GEMS.

These men seemed utterly oblivious of the fact that at the same time Dr. Osler, one of the most accomplished teachers of clinical medicine in the world, was going through the hospital wards giving the most helpful practical clinical lectures that it was ever my good fortune to listen to. Dr. Osler's lectures at the bedside were perfect diagnostic gems, concise, full of well-ordered thought from a large and long experience. Nineteen out of twenty of the doctors doing post-graduate work need diagnostic skill far more than a better technique in surgery. Instruction in diagnosis is not gained at least to only a very limited degree in witnessing surgical operations in the presence of a crowd. We cannot all be great surgeons, neither is there need that we should be, but we ought all to be able to summon to our aid, in every case, all of the helps that modern scientific medicine has so bountifully put within our reach. The crying need of the profession today is not surgeons, but great diagnosticians.

The methods of obtaining asepsis are about the same in all of the hospitals. Johns Hopkins still uses the permanganate of potash and oxalic acid, but I did not see it used anywhere else. The same institution also uses silver foil as a covering to all clean wounds with excellent results. One of the very interesting things to me was the anesthesia at Johns Hopkins. In Dr. Kelly's clinic anesthesia is begun with nitrous oxid and continued with ether. I never saw ether used with such fearlessness as in Dr. Halsted's clinic. There never seems to be a thought of hastening an operation to shorten the period of etherization.

HALSTED'S BLOODLESS OPERATIONS.

Dr. Halsted and nearly all of his assistants, are very deliberate operators. A herniotomy that Dr. Coley of New York, would perform in twenty minutes, Dr. Halsted would take sixty minutes or more, one reason for the length of his operations is the great care to prevent the loss of blood. I think I do not exaggerate when I say that the average time of etherization in Dr. Halsted's clinic is over two hours for each operation. It is not unusual to see a patient kept under ether four hours, and they do not hesitate to continue it for six hours. At first it frightened me, but after observing carefully a large number of cases with no apparent evil effects I was somewhat converted to Dr. Halsted's theory, that it is the loss of blood that causes shock, not ether. In looking over their anesthesia blanks, I noticed that after the first half hour the amount of ether given is small, I also observed that they allow the patient lots of air. I think the operators at Johns Hopkins came nearer to being bloodless than any hospital I visited. I was also interested in Dr. Halsted's simple operating room. While marble halls are the order of the day, everywhere else his plain room, with plastered walls, a wood floor, now thoroughly water soaked, wash bowls formerly porcelain lined, now worn down well to the rusty iron beneath and for an operating table a rectangular box much resembling a sink on high legs with a board across the top on which to lay the patient.

NO MARBLE HALLS FOR HALSTED.

Dr. Halsted says keep the field of your operation aseptic and it matters but little what the surroundings are. He proves this to

be true by the absolute absence of pus in unintended wounds in his clinic. The technique of his operations is perfect. I was much interested in the work I saw in skin grafting of flesh wounds, the amount of surface covered and the uniformly excellent results. Of course in all of Dr. Halsted's radical operations upon the breast, there is a large denuded surface that the surrounding tissues cannot be made to cover. This is immediately covered with skin grafts taken in larger pieces from the thigh of the patient. These are placed on the wound and covered like all of their clean wounds with silver foil, the whole chest is then encased in a plaster cast, this remains on for ten days. Upon the removal of this first dressing the wound is completely healed the grafts adhering as perfectly as to the place from which they were taken. The removal of the grafts from the thigh leaves a very ugly wound, very much like a superficial burn. This like the breast upon the removal of the first dressing is found to have reproduced a new skin giving the patient no trouble whatever.

The laboratory is now the great storehouse from which diagnoses are made. That the microscope has added much to our power of accurate diagnosis is not to be questioned, we would indeed be lost without it today, yet I fear at times our confidence in its revelations blinds us to that close observation of physical signs and symptoms that have been such a source of power in the hands of the great masters in the past. I must pay a simple tribute to Johns Hopkins before I close. I think I never met a more charming body of medical men in my life. From Dr. Welsh, the great pathologist to the hospital interns and nurses it seemed to be their great desire to afford visitors every

opportunities for investigation that their immense resources in clinic and laboratory offered. One can follow cases from clinic to hospital ward and observe results from day to day and opportunities for laboratory work can be had at a very reasonable fee.

DOCTOR HORNHAM IN A SUR-CHARGED ATMOSPHERE

The very atmosphere of Johns Hopkins is uncharged with scientific moisture and one has to but keep his eyes and ears open to get filled with the best ideas of the day. For the benefit of any one who may be contemplating a visit to Johns Hopkins do not go for a few days, you can do better elsewhere. One needs to catch the spirit of the institution. At first you think they are too slow and painstaking, but if you watch the results you will realize more than ever before the value of careful attention to details in surgery. Dr. Kelley is a wizard, his clinic is more enchanting and spectacular than a variety show. He talks incessantly, his friends say he cannot operate without talking, he says he has learned to talk without spitting so is not in danger of infecting his wound. He is probably the most rapid and brilliant operator in America today. He is also the busiest man in this institution, very religious, an active member of one of the churches in Baltimore. The promoter and leader of the Y. M. C. A. work at the medical college, he earns the highest salary of any surgeon in this country and gives as freely as he receives. Dr. Kelley's lab is new surgical instruments of his own design, he has his own make of instruments for nearly every operation and is very fond of showing them to his friends.

The scene changes when you go to the other side of the Hospital.

Dr. Halsted is rather prosy, seldom speaks during an operation and then only to ask for a hemostat or sharp knife, it takes about four knives and two hundred hemostatic forceps for Dr. Halsted to amputate a breast. He never hurries, when an operation is well done it is quick enough for him. When you first see him work you think he is rather a back number, but when you watch him day after day go into his private room, see his painstaking and thrillingly accurate diagnosis; when you stand by and see him turn from an operation, take up the morbid specimen and in a few well chosen words illumine the subject, whatever it may be, with the very essence of the latest pathological research, symptomatology, and diagnosis, you begin to realize that you are in the presence, not only of a great operator, but a profound student whose researches extend into every department of medical thought. The only drawback from a medical standpoint to my trip was that I had to return.

The deaths from diphtheria following the use of antitoxin manufactured by the St. Louis board of health is attracting serious attention. We believe that while such a well known house as Park, Davis & Co. makes a specialty of manufacturing these antitoxins, that it is very unwise for boards of health to enter into that business.

NEGRO NURSES. Six young colored women, three of them from Southern States, received diplomas on Dec. 6 from the Training School for Nurses connected with the Colored Home and Hospital on the Southern Boulevard, New York City. The graduating exercises were held at the New York Academy of Medicine, and the address to the graduates was delivered by Dr. T. Gaillard Thomas.

ACHYLIA GASTRICA.*

BY W. JARVIS BARLOW, A.B., M.D., LOS ANGELES, CAL.

The term Achylia Gastrica (absence of gastric juice) was originated by Einhorn (1) in 1892. Objections to the name are raised with the statement that Achylia is a symptom of atrophy of the glandular layer of the stomach, and all cases of achylia gastrica may be included under atrophy. Van Valzah says, "Achylia is a sign of the terminal period of Asthenia gastritis, a symptom of atrophic glandular gastritis and is sometimes met with in advanced carcinoma." Ewald suggests that a primary atrophy of the gastric mucosa may occur in young individuals without an attendant catarrh, with the assertion that achylia is only the symptom.

Whoever may be right, there are certainly cases not infrequently met, which show a constant absence of gastric juice. It is of these cases I wish to speak, calling them by Einhorn's term, Achylia Gastrica. It is due to the fact that five cases with this condition, have been under my observation in the same number of years' practice in Los Angeles, that the subject is presented today.

The earliest case, female, 26 years old, first came under my care in the spring of '97, for membranous enteritis. Her mother died with consumption; her father with brain trouble. She is of neurotic type, had diarrhea with passing of mucus and membranes alternating with constipation, for six years; no gastric symptoms.

Under treatment for six months, she improved and kept fairly well for two years, when the symptoms became worse, and added to them was distress in the epigastrium after eating, with loss of flesh and strength. My attention was then called to the gastric digestion, and the stomach con-

tents one hour after Ewald's test breakfast showed a total absence of gastric secretion. The pieces of roll were unchanged, small amount of fluid, neutral reaction, no free HCL, no peptone or propeptone, no rennet ferment. Several subsequent examinations showed a like result, which has continued.

The second case was first seen three years ago, female, 20 years. Father's family well and strong; mother's family tubercular. Patient always nervous and never strong. Had suffered with frequent attacks of gastralgia after eating, with nausea since a child, much headache, bowels always regular, loss of flesh and strength for two years, heart and lungs negative, abdomen negative. Stomach contents after test breakfast showed total acidity 4, no free or combined HCL, no peptone or propeptone, no rennet; sugar and trace of lactic acid present, motility was diminished. Later examination showed same with total acidity varying between 2 and 4. The patient has been in such good health the past year that the stomach contents have not since been examined.

The three other cases have been under observation only six months, two of the same family, sisters, ages 45 and 33, both neurotic; the mother suffering many years from bowel trouble, diarrhea alternating with constipation. The elder sister came for bowel trouble of 14 years' standing, membranous enteritis with large passages of mucus, no complaint or symptoms from stomach. In view of the early experience, the gastric contents were examined many times and always an absence of juice was detected, roll was unchanged, total acidity varying from 4

*Read before the Twenty-eighth session Southern California Medical Society, Los Angeles, December 4, 1901.

(1) Medical Record, June 11, 1892.

to 7, no free HCL, ferments absent, motility somewhat increased.

The sister complained of constipation with occasional attacks of gastric indigestion, and the same condition of the stomach contents was found.

The fifth case, male, age 44 years, giving a history of bilious attacks and occasionally pain over epigastrium, off and on for five years. Here the stomach contents after several examinations gave the same result, absence of gastric juice.

There is much for consideration in this class of cases, which, I believe, are more frequent than is reported. The gastric digestion may be suspended indefinitely, the intestines acting vicariously, and the person enjoy perfect health. In Einhorn's paper, it was shown that this condition had probably existed in one case 40 years without endangering life or even giving marked symptoms.

Etiology.—This must be classed among the functional neurosis. There can be no doubt that the trouble is usually secondary and of nervous origin, to which the above cases also agree. The earliest cases were found existing with pernicious anemia, later others among the hysterical and neurasthenic. That it may follow as a result of chronic gastritis is a possibility.

Pathology.—It is very difficult to tell the condition of the mucous membrane, as few cases of pure Achylia come to autopsy. In one of Einhorn's cases, complete atrophy of the gastric tubules was observed, no glands could be detected in the mucosa. It would seem that this absence was probably the result of prolonged inactivity of of the gastric glands, which must in time produce atrophy. This atrophy has resulted differently from the atrophy produced by progressive fatty degeneration of the mucosa observed in chronic gastritis, and the question arises, Do some cases of Achylia Gastrica possess an atrophy of their own?

That this condition does not always exist and that the mucosa may contain more or less normal glands is proven by the pieces of membrane brought up in the washings, containing apparently normal glands. One case reported, had existed under observation five years, then a change appeared, the two ferments were present, the presence of peptone, and later free HCL with an acidity of 30.

Dr. Stewart, (2) of Philadelphia, has found a return of glandular activity after suspension for nine years. So that it seems there must be in certain cases another cause responsible for this condition than atrophy of the glands.

Under symptomatology I would give classes:

First—Symptoms caused by stomach disturbances with no intestinal derangement.

Second—Symptoms from stomach disturbances and mild intestinal derangement, constipation or diarrhea.

Third—Symptoms from severe intestinal derangement (i. e., membranous enteritis), and no stomach disturbances. With the stomach disturbance alone, in one of my cases, all the symptoms were caused by a mild degree of atony, or diminished motility. Atony is rather unusual in Achylia, but when present must receive our first attention.

In the cases with severe intestinal derangement and no stomach symptoms, my attention was only called to examine the stomach contents in order to ascertain the diet best suited for the individual case, depending upon the state of gastric secretion. Thinking I might diminish the work of the intestines, at the same time not overburden the stomach. To my surprise absence of secretion was found in two of these cases.

In the literature to which I have had access, I find only one record of the two conditions occurring together. The

(2) Medical Record, Vol. 46, page 205.

report (3) of 12 cases of membranous enteritis whose gastric contents were subject to close examination, five had typical Achylia Gastrica, and of the others, three showed the same diminution of fluid in the contents as is seen in Achylia. Among my five cases of Achylia, two, as was said, had membranous enteritis, which prompted the cases to seek a physician. It is my belief that the stomach contents should be always examined in cases of membranous enteritis, whether or not there are gastric symptoms. Then we may ascertain if either condition is dependent upon the other, or both upon the nervous system. Attacks of gastralgia in Achylia may occur, and enteroptosis is not infrequent in those complicated with membranous enteritis.

Diagnosis can only be made by frequent examinations of the stomach contents, either after Ewald's test breakfast or Leube's test dinner. Though there is always the absence of free HCL and ferments, the mistake of cancer will not be made, for the presence of lactic acid, motor insufficiency, retention, stagnation and the other symptoms of carcinoma are not present. If the stomach be empty, or washed thoroughly before the administration of Ewald's test breakfast, and the contents removed in an hour from a stomach with normal motor function, the time is too short for the formation of lactic acid. So that in these cases, if lactic acid is found, atony must be present. Even the presence of lactic acid would not make more difficult the differential diagnosis.

Treatment.—If the stomach empties itself within the proper time, i. e., when the motility is normal, the best results may be accomplished by diet, sometimes with addition of an artificial digestant. Small and frequent meals, 5 to 6 daily, have been found

by the writer most agreeable and suitable. Meals of such quality as will the more readily be digested by the intestines, remembering always that the stomach digestants are absent.

Milk, with its many modifications, eggs, potatoes and the fresh, green vegetables are usually well borne. Liquid foods of all kinds, meat only once a day in this manner, beef, scraped, minced or hashed. The liquid preparations of beef, Koumyss-Mat-zoon, malt, etc., are excellent. In the cases with symptoms arising from atony, systematic treatment gives most encouraging results. The motor function when impaired or lessened, demands immediate attention. For this, intra-gastric electricity ranks highest, and the writer has proven that faradism is superior to galvanism. Besides electricity, lavage and strychnine must be added.

Medicinal remedies have given me doubtful results. Hydrochloric acid in large quantities through a stomach tube has been tried. My experience has shown that the acid accomplishes little or nothing in these cases even with the addition of pepsine. Enough cannot be given for a digestant. It has been estimated (4) that with a daily consumption of 100 grams of proteid, there would be required no less than 4½ liters of 0.2 per cent. of HCL daily, and even this would not suffice to give free acid.

The preparations of diastase have seemed to me of considerable benefit for continuing the digestion begun by the Ptyalin.

Hydrotherapy should be always remembered for the general circulation and nerve tonic. In conclusion, I would especially emphasize the necessity of introducing the stomach tube for diagnosis in all cases giving any of the above gastric or intestinal symptoms.

(3) Einhorn Med. Record, Jan. 23, 1899.

(4) Stewart Med. Record, Aug. 10, 1897.

HERNIA.--INDICATIONS FOR OPERATION.*

BY C. VAN ZWALENBERG, M.D., RIVERSIDE, CAL.

The first and strongest indication for operation in Hernia is of course Strangulation.

Until recently it was the only indication and for many years there has been scarcely a more binding rule in Surgery than that Strangulated Hernia demanded operation. But until Aseptic Surgery had robbed the operation from danger it was always advised to try many plans of taxis, cathartics and other drugs and often days passed by before the dreaded ordeal was undertaken often too late to save the life of the patient.

That there is still room for impressing the lesson that there should be no delay is my excuse for presenting this seemingly well settled question now. A recent experience with two contrasting cases impressed the fact upon me that in some quarters the question is still open. The cases present such strong evidence that I shall simply relate them.

The first patient was a male aged about 55. Brought to Riverside County Hospital last July in an almost moribund condition from Strangulated Hernia. His consciousness was so cloudy that he could not give a clear history of his case but the evidence showed that it had been strangulated five to seven days. He hailed from the back country and in coming to the Hospital alone he was not sufficiently himself to take the train at a junction point but was left upon the platform until "discovered" by some one and placed upon the next train some hours afterwards.

Examination revealed strangulated Inguinal Hernia of long standing Tympanites—feeble pulse—dazed semi-consciousness and general evidence of septicaemia and peritonitis. Giving

him the benefit of the doubt he was quickly prepared and operation performed by Dr. McCarthy, the County Surgeon.

Upon opening the sac about the size of a large orange the contents composed of small intestines and Omentum were found gangrenous but not ruptured. General peritonitis was found upon exploring the abdomen.

After relieving the constriction thoroughly the protruding knuckle of gut was opened freely and the intestine stitched to the abdominal ring, resection being out of the question on account of the general peritonitis and the desperate condition of the patient.

He was placed in bed as quickly as possible stimulated with hot saline solution, strichnine, etc., but died about five hours after operation without discharging anything through the opening in the bowel.

The other patient was an old lady 75. Feeble and delicate for a number of years. Emaciation marked. Had suffered for twelve or fourteen years from an Umbilical Hernia five inches in diameter which for five years had been only partially reducible and was painful frequently.

On two previous occasions I had been called to reduce a strangulation and each time succeeded with some difficulty but considerable tumor remained which could not be returned into the abdomen.

A third time the small previously returnable portion became strangulated about 6 A. M. Aug. 9. This time I was unable to reduce the strangulation.

After consultation with Dr. Gundrum it was decided to prepare for operation at once meanwhile try the

*Read before the Southern California Medical Society, Los Angeles, December 4, 1901.

effect of a full hypodermic dose of atropine.

Being unable to get a nurse at short notice we prepared in her small home with the aid of kind neighbors and at 10:30 operated.

Opening the sac we found Omentum and a portion of the transverse Colon about ten inches long which had doubtless been irreducible for years and even now seemingly unaffected by strangulation. We found the strangulation affected only a protrusion of the left lobe of the liver rather pyramidal in shape three inches long by two inches in diameter. This was strangulated and very firmly fixed in the ring-black and congested. It required very free use of the knife to enlarge the ring sufficiently to allow of its reduction. After that still more opening was necessary before the gut could be returned which though irreducible was not adherent to the sac.

The peritoneum-edges of ring and skin were separated and sutured with cat gut for radical cure.

With the help of liberal doses of strychnine patient bore the ether and operation very well and made an ideal recovery without rise of temperature or drop of pulse.

Before the end of the third week she was moving about the house.

These cases are not so very peculiar but contrast strikingly the difference between early and late operation.

The force of the saying "Never allow the sun to set upon a strangulated Hernia" it seems needs no better illustration. I supposed that practically all Medical men agreed upon this question but evidently some Medical man did not act in the first case, though I never did learn positively that he had medical attendance but presume that he did.

The second case illustrates what a favorable prognosis early operation offers even under adverse circumstances: In this case age-debility—lack of nursing, a competent nurse was secured a few hours after operation,

and absence of Aseptic Hospital surroundings were all unfavorable—but prompt action and assiduous attention to every detail of local asepsis offset all these.

The friable easily injured liver added to the danger in delay.

Time and asepsis were considered the principal factors and the operation was done as quickly and as rapidly as possible.

The case emphasizes the fact that a herniatomy is not a dangerous operation. With careful asepsis there should be no question about the prognosis if the operation is done before tissue changes have taken place.

Rather than procrastinate with repeated taxis and various applicators and internal medication the rule should be to operate as soon as strangulation is diagnosed and careful attempts at reduction by taxis fail to reduce it.

A second indication for operation is the presence of doubt as to the real nature of conditions which simulate strangulated hernia.

Much better to cut down upon an inflamed gland or fatty mass in the inguinal canal than to allow a patient to die from a strangulation unrelieved.

A third indication is irreducible hernia. There is no doubt that it is good surgery to operate upon practically any case of irreducible hernia but there is room here for a flexible rule.

If a patient is old or has intercurrent disease he may be left to await developments provided he can be kept under observation.

This was my plan in the second case reported. I explained to the patient the dangers of going about with her unreducible hernia to which any truss was worse than useless and warned her against any delay in case a strangulation occurred in which case she must be prepared for immediate operation.

A fourth indication is a painful hernia whether controllable by a truss

or not. Besides the increased danger of strangulation from irritated and crowding tissues the constant annoyance makes the victim unfit for the comforts and occupations of life and he should be relieved while it can so easily be done.

In all these four classes of cases there is an actual demand for operation and in case of doubt it is always in order to use the argument that no harm will be done and your patient will be permanently relieved by radical cure. The corollary of this statement is that no herniotomy should be done without completing it by some one of the various good procedures for so-called radical cure.

We may class all other cases of hernia together and say although there is no actual demand for operation it is good surgery to operate on all of them for radical cure with a few exceptions.

Infants and young children should be left for the possibility of a spontaneous cure with the aid of a well-fitting truss. This occurs in such a large per cent. of cases and trusses are so easily worn by them and strangulation is so much less likely to occur that they should be left until nature's failure to repair has been demonstrated.

In a general way from 4 to 6 is a good age for radical cure operation. After the age of eight or ten spontaneous cures are rare and not much time should be wasted with trusses.

If a victim of hernia has reached the age of 45 or 50 it becomes a largely a personal question to the patient. He should submit to operation if he is sufficiently annoyed by the hernia itself or by the truss to be willing to go to bed for two weeks, and to run the risk of 1 in 10,000 fatality from anaesthetic—1 in 200 or 300 from the operation itself and 1 in 20 of ultimate failure of cure.

If his truss fits perfectly and easily, practically as naturally as the band of his trousers and he can ill afford the time and expense he should not

be urged to submit to an operation which can truly be called one of election rather than of necessity.

I placed this question squarely before a man of sixty not long ago whose hernia was only a couple of months old—painful—hard to control and very annoying to a sensitive makeup. He accepted the operation—lost a couple of weeks time from his business—had a perfect result and is pleased with his choice. Shortly after I presented it the same way to a man of sixty-six with a hernia of twenty years standing and though never fully satisfied with his truss and constantly casting about for something different he very judiciously declined the relief offered.

In closing I would emphasize the two facts that strangulated hernia should be operated upon immediately. And that herniotomy is not a dangerous operation and gives good results and the doubts should always be in its favor.

The most interesting comments we have seen yet on the Czolgosz case from a medical standard appears in the "Alienist and Neurologist" for January, and is from the pen of Dr. Chas. Hamilton Hughes. The contention of the reader is that the assassin should have been kept alive for a while in order that psychologists might have given him a careful study.

The County Medical Society of Riverside recently held a meeting and elected the following officers: President, Dr. Louise Harvey Clarke; vice-president, Dr. Samuel Outwater; secretary, Dr. C. W. Girdlestone.

The Pasadena Medical Society recently banqueted the Mayor, Councilmen, members of the Board of Education and the Kindergarten Association of Pasadena, and Dr. D. B. Van Slyck made an address on Municipal Sanitation.

RECENT ADVANCE IN CLINICAL SYMPTOMATOLOGY IN RELATION TO ABDOMINAL SURGERY.*

BY W. W. HITCHCOCK, M.D., LOS ANGELES, CAL.

The great advancement in the prevention, and more successful treatment in abdominal infective diseases are the direct results of the vast increase of our knowledge concerning their etiology.

Surgical bacteriology has paved the way for more rational abdominal surgery and it is now generally conceded that inflammation of any tissues is invariably caused by *microbic invasion* and that all other causes only act by determining or favoring infection.

This knowledge, of which all surgeons admit is nearest up to date, teaches the necessity of the most scrupulous care in the aseptic preparation of the surgeon, assistants' dressing instruments, patient and general environment, the latter calling for absolute and specific control by the surgeon himself and leading up to the establishment of private sanitariums. This control of hospitals by the surgeons for their private patients along the line of aseptic work is rational and comprehensible, in as much as these principles are more thoroughly understood by them than by those whose life work does not materially interest them in the actual technic. While objections, some illusory and some founded upon a sound basis, may be brought against public hospitals, it is quite certain that the private hospital, generally speaking, is nearer the ideal. Today there is no doubt that the benefits accruing to patients, provided by a private hospital, are too obvious to require verbal demonstration, the chief of which is that with equal privacy and with more than home comforts, the patient can be attended without the domestic chaos supervening which is unavoidable in their own home. This is the latest advance in modern

surgery and the surgeons have become convinced of their ability to operate in conditions formerly neglected and in which there was no apparent hope. These institutions will multiply, thus adding another link to the chain of successful surgical work.

The relation and intimate bearing that the clinical aspect of a case has on the indications for surgical intervention either explorative or operative, are interesting from the standpoint of the surgeon as well as of the physician and I desire here to illustrate these clinical manifestations by the citation of a few typical cases that have come under my observation.

Case 1.—A well nourished man states that for the last three months he has suffered from dyspepsia and pain in the stomach after partaking of nourishment and he had had several attacks of retching and vomiting but had never brought up blood but once. At night the day before I saw him, he was suddenly seized with pain in the upper part of the abdomen, which made him feel weak and faint, but he did not vomit. He fell in an apparent state of collapse. His tongue was moist and slightly coated, the pulse 104, good volume temperature $98\frac{1}{2}$, the breathing entirely thoracic, the upper part of the abdomen distended while about 2 inches above the umbilicus downward, the abdomen was contracted. The upper part of the abdomen was distended and tympanitic, the resonant area extending over the normal liver dullness and reaching as high as the fourth rib and costal cartilage. A clear bell note was obtained by percussion in this situation. The heart's impulse was in the third intercostal space. There was slight pain and tenderness all over the abdomen. Diag-

*Read before the Southern California Medical Society, December 4, 1901.

most gastric ulcer with perforation. Laparotomy was performed, perforation closed with Lembert's sutures the edges being inverted and omental graft placed over the entire surface. Recovery.

CASE 2.—Mrs. C. E., aged 28 had been married 4 years. She had had one premature still birth and one child 14 months before I saw her. She came to me October 1st, 1895, stating that her menstruation had been regular until June, but that she had not menstruated from June to the middle of September when she discharged something like a piece of flesh. In September she had noticed a painful swelling low down on the right side. The pain was severe and continuous until the menstrual flow came on and relieved it. Upon examination I found a little milk in the flaccid breasts and a smooth tense ovoid tumor filling the left side of the pelvis a little anterior to the cervix, which was displaced back into the sacral hollow. This tumor was found to be in close contact with the anterior vaginal wall, it was moderately movable and its posterior pole lay close to the left uterine cornua and felt as if pivoted there. The uterus was slightly enlarged and retroposed, reclining in the sacral hollow. In October about one month after the discharge of the decidua, she again had a slight discharge, lighter in color, without pain, and followed by a smart hemorrhage. A diagnosis of extrauterine pregnancy was positively made, based upon the following signs. Cessation of menstruation for several months. Slight enlargement of the uterus, the formation of a cystic tumor lateral to vagina and uterus, unusual pain in the lower abdomen, a group of signs and symptoms found in no other condition than extrauterine pregnancy. Laparo-

tomy was performed. Recovery. Patient since delivered in normal pregnancy.

CASE 3.—Miss A. J., suddenly prostrated with excruciating pain in the right inguinal region and about the center of Poupart's ligament on the right side. Temperature 99, pulse 100, skin moist, bowels constipated, patient lying with right knee flexed. On palpation there is a boardy feeling on the right lower abdominal side with tenderness on pressure and if the hand is suddenly lifted from the abdomen there is a general sense of tenderness elicited, there was also noted a loss of tendon reflex on the right side. The tongue is coated whitish porcelain in hue, and there is a pinched expression manifest to the trained eye, of abdominal derangement. Diagnosis, appendicitis. Operation, recovery.

You would all know the diagnosis in this case yet there are among us, myself included who have practiced more than 20 years, those who would have placed this patient on the expectant plan of treatment which would have been alternatives and purgatives and we knew then what the termination would be and we also know now what the direful results would be. Before dismissing this subject, I desire to review another symptomatic condition which is comparatively recently understood, viz., Shock and its prevention. We have learned that after a considerable abdominal operation there is a flow of serum from the blood vessels into the general peritoneal cavity, thus depleting them which is due to the severe stimulation of the entire sympathetic nervous system with consequent cardiac and arterial spasm. We have learned to counteract this depletion by the introduction of large quantities of fluids into the system in the form of normal salt solution

either by intravenous or subcutaneous methods. We have also learned that before operating on the abdomen, it is advisable and beneficial, more especially where the patient has had large and repeated doses of hydragogues to have them imbibe large quantities of fluids, a couple of days previous to the operation. We know now that unless this balance is restored catharsis is difficult to obtain as the intestinal capillary flow is from the peritoneal lining into the cavity, a reverse of what it must necessarily be in order to succeed. This is the more apparent when we remember that in the general preparation of the patient hydragogues have been used more or less to empty the intestinal tract. Before the easy production of catharsis this current should have ceased to flow from the capillary vessels toward the peritoneal cavity. At this time only can catharsis be produced with comparative ease. This symptomatic condition called shock, at the present time with our modern management and preparation of patients for abdominal surgical work, is now rather the exception than the rule.

It is not my intention to report these cases reflecting sympathetic conditions as anything unusual but simply to speak of the symptomatology as compared with that of former times when the etiology and pathological conditions of the disease were not so thoroughly understood. The

close relation of symptomatology in surgical practice is an important guide at all times and is absolutely necessary as an indication of correct methods to be pursued in given cases. Symptomatology has and should keep pace with the growth in our study of pathology. It is due to this fact that many cases that we at one time considered medical and possible to treat only by medicinal measures, have now become clearly surgical, notwithstanding surgeons should be careful and not become too subjective and mechanical in their methods and bear in mind the close relation clinical symptomatology bears to the present pathological condition. If we can thus unite and keep closely connected all elements pertaining to disease we will see more clearly and be guided to proper methods.

Surgeons must not become narrow minded, but bring to bear on each individual case all that the art has endowed the profession, ever remembering that when a patient places confidence in us, puts his life or his health, with prospects of himself, and it may be those of his wife and children, in our hands, the best we can do in turn is to meet him with common honesty. Let us do our best according to our ability for "unto whomsoever much is given, of him shall much be required" ever remembering that avoidable ignorance is not a worthy return for confidence.

HOW I TREAT MEMBRANOUS CROUP.

BY A. A. STAFFORD, M. D., ALAMEDA, CAL.

As an illustration of my method of dealing with membranous croup, I cite but one typical case, although many others have come under my care that have done equally as well. My experience leads me to say to any physician whose judgment wavers when facing that fearful disease: Do not

await the result of a bacteriologic examination, for valuable time may thus be lost. Give a full dose of 2000 to 3000 units of antidiphtheritic serum immediately; repeat it often; and, if necessary, keep the larynx open with a tube: with such a course the patient will get well.

It is all right to take a culture from the patient's throat in order that the bacteriologic examination may be utilized to confirm the clinical diagnosis.

Case. A short time ago I was called to see a little fellow, five years of age, who presented a well-marked case of membranous laryngitis. Such unmistakable symptoms of stenosis as stridor, dilated nostrils, etc., were conspicuously apparent, and suggested the fatal termination that we have often observed in similar cases in the past. I made a culture from the pharynx and returned to my office for my antitoxin outfit. At 2 p.m. I injected 3000 units of Parke, Davis & Co.'s antidiphtheritic serum, and intubated the larynx. At 7 p.m. I injected 2000 units

more, and left the patient for the night.

Upon the following morning the bacteriologist reported that the Klebs-Loeffler bacillus was undoubtedly present in the material taken from the throat. I went at once to the home of my patient and administered 3000 units more of the serum, and directed the nurse to continue the plan of nourishment and stimulation which I had prescribed the day before. The same afternoon the pulse and temperature declined nearly to the normal and the boy had a well-distributed urticaria upon his body—the so-called antitoxin rash. The next day he was so much better that the tube was removed, and in one week he was as well as ever.

SELECTED.

DEPARTMENT OF MEDICINE.

LOCAL TREATMENT OF ACNE.—Charneil (International Medical Magazine, November, 1901) recommends the following formula for the local treatment of acne. When the skin will bear it, he uses sulphur lotions of which the following is an example:

Precipitated sulphur.....	25 Gms.
Camphorated alcohol.....	60 Gms.
Rose water.....	200 Gms.
Distilled water.....	215 Gms.

M. et Sig.: Shake before using. Apply at night with brush, allow it to remain all night, and wash in the morning with quite warm water, followed by hot compresses.

When the skin is intolerant of this, use simple antiphlogistic treatment; spraying with simple weak antiseptic solutions will be especially useful. When the pustules are in locations not exposed to view, such as the neck, back, etc., tincture of iodine applied in the beginning of the inflammatory process will frequently abort them. About the face use a wash of alcohol, saturated with boracic acid. For acne

rosacea he uses scarification carried only as far as the deep surface of the skin, no further for fear of producing scars. Hot compresses to the face are always to be used as in simple acne. In the case of hypertrophic acne surgical intervention only will avail. This consists in "skinning" the nose. With a bistoury the entire skin is raised, keeping as near as possible to the under surface. The face will usually recover with a smooth cicatrix and good morphologic results.

CURE OF POISONOUS SNAKE

BITE.—A cure of this description was recorded in the London Times a short time ago by a correspondent, who explains that the medical man in India, having been called to see a coolie woman who had been bitten by a large snake, supposed to be a cobra, injected a full dose of Dr. Calmette's antivenene, but was not sanguine as to the result, the patient's condition being apparently hopeless.

The effect of the remedy was marvelous. Consciousness returned in fifteen minutes, and he was so encouraged by the result of the first injection that he decided to give another dose of the serum. It acted like magic, and within three hours of the first injection the patient was well. The operator is satisfied that even in desperate cases Dr. Calmette's serum is a reliable remedy for the bites of poisonous snakes.

EXCERPTS FROM THE REMARKS
MADE BY DR. ALBERT C. BARNES
OF PHILADELPHIA.

PETROLEUM'S VALUE.

At the Second Annual Meeting of the American Therapeutic Society, held at Washington, D. C., May 8, 1901.

The paper of Dr. Reyburn just read merely reiterates the well-known fact that petroleum, when administered internally, is not absorbed from the gastro-intestinal tract, but, as is equally well known, a remedy may have the most pronounced physiologic effects purely on account of its mechanical properties. Dr. Robinson of Philadelphia states in the Medical News of July 14, 1900: "In over fifty selected cases where nutrition, digestion and body weight were impaired and the purest oil administered in one or two dram doses, four times a day for periods of from three to six months, there was in every instance increase in weight and improvement in health, strength and feeling of well-being. The gain in weight was five and a quarter to twenty-three and a half pounds. There was no other change in living conditions or medication which might have caused these improvements." These clinical effects have been noted and recorded by a number of other observers. The manner in which petroleum accomplishes

these results is shown by the laboratory experiments described in detail by the speaker. It was found that the addition of petroleum to albumen digested by an artificial gastric juice under exactly the same conditions as prevail in the human system, very materially hastened and facilitated the process of digestion; it was more rapid and complete than in the same experiment conducted without petroleum. Furthermore, it was shown experimentally that the mechanical influence of petroleum upon the churning, peristaltic movements of the upper portions of the small intestines favorably influenced the processes of absorption. In view of these experiments, it can be safely concluded that the manner in which petroleum beneficially effects nutrition is by facilitating, expediting and completing the processes of digestion and assimilation of food. Another experiment described by the speaker was that conducted upon a man with marked malnutrition, in which the changes in metabolism were accurately studied for a period of three weeks by feeding the patient upon a normal diet and then determining the daily elimination of nitrogen in the urine and faeces. It was found that under the influence of petroleum the retention of nitrogenous matter in the system was increased. As is well known, the only method of determining the influence of any agent upon nutrition is by determining the daily body elimination of nitrogen in the urine and faeces; if a patient's retention of nitrogen is increased, the most important element of the tissues is conserved, and nutrition is correspondingly improved. Furthermore, the facts that petroleum passes through the intestines in its original form and that it is a solvent of many remedies administered for their antiseptic and astringent influence upon the intestines, indicate a useful field

for petroleum as a vehicle. Robinson states (ibid.): "I have extensively given from five to ten grains of salol in two drams of this oil, four times a day, and reclaimed the oil from the faeces and found it to contain some salol and its components, phenol and salicylic acid. This proves the carrying of a chemical antiseptic and anti-

ferment through the entire canal." This work has been corroborated by numerous other observers. The speaker stated in conclusion that the bulk of experimental and clinical evidence tends to show that petroleum is entitled to a wider field of application in medicine.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD, M.D., LOS ANGELES, CAL

CANCER OF THE UTERINE NECK WITH COMMENTS ON THE PRESENT-DAY TEACHING. J. M. Baldy, M. D., (American Medicine, Aug. 3, 1901.) Cancer of the neck of the womb is practically incurable. It is impossible to state with any degree of accuracy the exact proportion which it is possible to save. The best statistics in this country which are of any value come from Johns Hopkins Hospital. On the face of these statistics 20 per cent or more are cured but these are the facts in the case: 73 cases were operated upon, and 15 are alive today; but 68 were rejected as non-operable, all of whom are dead. Consequently we have a little over 10 per cent. instead of 20 per cent. of cases which have come to that institution who are alive today. Nor is this all. They have a magnificent pathologic department and all gynecologic cases have a thorough and systematic overhauling. The consequence is that a diagnosis is sometimes made where the disease has not been suspected and in a few where the diagnosis is even then (after the microscopical examination) doubtful the patient is given the benefit of the doubt and is operated on (and properly so). In this way one may occasionally operate on a case which is not cancer and of course there is no recurrence. Probably the most serious aspect of these statistics is yet to be consid-

ered, for of the 15 cases 9 have only passed from 10 months to 2½ years since their operation. Every one of the 9 may yet die and even the 6 who have passed three years are by no means safe as the same statistics report a number of cases who have died 4¼ and 5 years after operation. Am I then too radical when I state that less than 5 per cent. are cured? Two per cent. would probably be nearer the truth. The same analyses of recent statistics from Germany reported by Winter show almost exactly the same results. The remedy in my mind is plain. (1.) A full realization of the facts as they stand and (2.) A sound understanding as to the importance of the early discovery of the disease.

The tendency of the teaching in the schools in these respects is abominable. It is axiomatic that the earlier the diagnosis is made the greater the chance of cure. It behooves those of us who know the whole truth about the results of treatment to lay the matter before the present and future practitioners in no indecisive manner. If we continue to indirectly deceive by talking of 20 per cent. to 60 per cent. of cures we may expect a great laxness in the attempt to discover cases early and to hurry them to the surgeon because his conscience is easy in the supposed knowledge that a large percentage can be saved at any rate.

If he knows that but from 2 per cent. to 5 per cent. are permanently cured he will be more cautious in his observations and watch all his female clientele with this object in view.

The symptoms of early cancer are as plain as those of any other disease in its early stages and the reason it is not oftener detected is the fault of the observer. Few cases are diagnosed by the microscope in which the diagnosis is not possible by the clinical study of the case. If there had not been strong suspicion of cancer the aid of the microscope had never been sought. The exceptions to this have occurred in routine examinations of specimens in well-appointed institutions. As the great bulk of the profession live away from the laboratories and have neither the time, apparatus nor special knowledge necessary for this work, what is the use of laying so much stress on the microscope to the belittling or exclusion of methods which are within the reach of all.

There are three great symptoms of cancer—pain, odorous discharges, hemorrhages. These in conjunction with progressive loss of flesh and strength present such a picture that no one is justified in failing to see their significance; but this is never present in its early stages. Hemorrhage is the diagnostic sheet-anchor; no one knows how early bleeding begins, but it is very early, early enough to give plenty of warning of what is coming. In this connection a few circumstances should be considered almost pathognomonic so few are the exceptions. 1. A single show of blood, no matter from what supposed cause (traumatism excluded) in a woman where menstruation has entirely ceased. 2. Even during menstrual life, a blood-stain after coition. 3. After the use of a syringe if a stain appears or the water is bloody. 4. If a slight stain be observed after

excitement or exercise, on rising in the morning or following constipation, cancer should always be suspected. These symptoms are so readily observable and so significant that it is a mystery they are so often ignored and the patient allowed to drift into an incurable state. All women bleed from puberty to menopause more or less regularly. The bleeding itself is not so significant as the comparison with what it has been before in the same woman. A case should excite suspicion when the bleeding is profuse or comes at unusual times even in minute quantities. All these points call vigorously for a careful examination. They may be explained by a polyp or an erosion or a benign ulceration, but most frequently cancer will be found, early, often, even so early that the laboratory man will decline to make a positive diagnosis from any small specimen you will send him and you will be so certain you will operate in spite of his hesitancy. Many a time I have done this and in few cases have I ever found that the study of the removed organ has not finally fully agreed with my diagnosis. I repeat that our statistics are false and grossly misleading. The microscope is inferior to clinical means and observation. The teaching of the day in most schools is as bad as it well can be and the outlook for competent diagnosticians for the future is bad.

Painful Menstruation as a factor in determining character of operations on the uterine appendages, (Journal A. M. A., June 8, 1901.)

Dr. P. A. Harris said, at the American Gynecological Society, that extra-uterine suppurations so commonly resulting from gonorrheal infection of the uterus, and from ordinary infections of childbirth and abortion, are of such frequent occurrence as to quite overshadow in importance all other causes of acquired dysmenorrhea.

Not all cases of suppuration in the uterus or tubes cause painful menstruation. A small percentage of such cases, even in the presence of extensive and long-continued suppuration menstruate painlessly. Tubal suppurations may, and usually do cause painful menstruation before the development of ovarian abscess. This is proven by the fact that surgeons so often have excised both suppurated tubes, at the same time leaving both ovaries, which appeared healthy, with the arrest of all pelvic pains and restoration to health, including a cure of the dysmenorrhea. Ovarian abscess frequently develops from tubal suppuration, with the effect of increasing, modifying or localizing not only intermenstrual pains, but also the pains of menstruation. Pronounced persistent primary dysmenorrhea or that which exists from puberty, will probably not be obliterated by the simple excision of

diseased tubes, except, as in certain rare instances, it be due to gonorrheal infection prior to the beginning of menstruation, in which event it would be curable by excision of the tubes, vaginal incision and drainage, or the removal of the pyogenic sacs in the ovaries. By excision of a tube is meant its removal to the uterine mucosa by making an elliptical incision in the uterus about the tube and closing the chasm with sutures. The author's partially conservative surgical work in this connection has shown him that, while he has maintained for about 95 per cent. of all women thus operated, the item of menstruation, he has had a higher percentage of relief and symptomatic cures and far greater satisfaction with the results thus obtained than accrued from his former and more extensively mutilating and exsective operations.

DEPARTMENT OF TUBERCULOSIS.

TUBERCULOSIS NOT CONTAGIOUS: Dr. S. A. Knopf, the distinguished specialist is registering vigorous protests against the enforcement of a ruling prohibiting the admission to the United States of all foreigners suffering from Pulmonary Tuberculosis. In a recent article in the New York Sunday Herald he says:

Pulmonary tuberculosis is not a contagious disease, but only communicable; the contact per se of a consumptive individual does not transmit the disease.

The scrupulous destruction of tuberculosis expectoration and other secretions suffices to do away with all danger of infection and transmission.

I know that these views are held by the eminent gentlemen Professors Biggs, Janeway and Prudden, and thus I had no hesitancy to mention their names in defense of a scientific truth.

The simple statement that consumption is not a contagious disease might be misinterpreted by laymen as meaning that no precautions to prevent the disease are necessary.

Tuberculosis is such a prevalent disease, that, according to some authorities, nearly every sixth individual suffers or has suffered, some time in his life from a tuberculous affliction. The detection of early tuberculosis cannot be made by a hasty examination, such as that of immigrants must necessarily be.

Pulmonary tuberculosis is a chronic preventable, and in many instances absolutely curable disease. While pauper immigrants should not be allowed to land, whether tuberculous or not, the alien coming to our shores, though suffering from consumption, if he can give evidence that he will not become a public charge, should be extended

the hospitality of our country. We have in the United States perhaps as good climates and other facilities for the treatment of consumption as there exist in Europe. There are, however, a large number of Americans suffering from phthisis who prefer to seek restoration of their health in European resorts.

If the United States government persists in excluding indiscriminately all aliens suffering from consumption there is a great likelihood that other countries will retaliate, and the wealthy American pulmonary invalid will no longer be allowed to enter the Riviera of France, Davosplatz of Switzerland, and Goerbersdorf, Falkenstein or other resorts of Germany.

RAW MEAT TREATMENT. We now come to the raw meat treatment.

The experimental researches of Richet and Hericourt have proved that raw meat juice acts, not as a strengthening agent, but as an antitoxine. This antitoxine would neutralize the effects of the tuberculosis toxin.

This juice is the muscular plasma, obtained either by the press or by congelation followed by rapid thawing of the muscular tissue.

The following is the method I have adopted at Cannes in the case of patients whom I submit to this treatment; the daily quantity of mashed meat is 800 grms. (28 ozs. about); the patient takes as much as he can, the rest of the meat is pressed in order that the juice may be extracted.

The plasma must be taken immediately after having been prepared, otherwise one risks swallowing a putrefied and toxic substance.

Although this method has given me excellent results, I consider it difficult to put into every-day practice.

It possesses many inconveniences; for one thing it is not within everybody's reach; it is costly in preparation, and requires 800 to 1500 grms. of meat

daily; it is supported with difficulty by many patients; it requires constant supervision, for this meat juice soon putrefies and becomes toxic. Injected under the skin of an animal it causes death in a few minutes.

Experiments with this anti-tuberculous plasma have been made in the laboratory of Messrs. Richet and Hericourt. These attempts at hypodermic injections of an immunizing and even curative liquid led us to read once more the already old but very complete works on the bactericidal or antitoxic properties of the blood of animals that are refractory, or seemingly refractory to tuberculosis.—Exchange.

ALTITUDE, DRY AIR AND SUNSHINE.—American Medicine, November 23, 1901 in the course of an interesting editorial entitled: "Influences that arrest or cure Tuberculosis of the Lungs", says:

Sunshine undoubtedly plays a most important part in maintaining individual resistance at or above par. Sunshine and pure, dry air seem to have a specific effect in increasing resisting power of the organism. Dryness of air undoubtedly causes moisture to be more readily taken up from the tissues or from the excretions. It is therefore a reasonable explanation of the decrease of expectoration noted by many tuberculous patients after going to a dry climate. In this diminution of bulk of expectoration may be found a very important element of improvement of clinical conditions. Cough and its concomitant irritation is lessened also, so that the nerve rack of the patient is much relieved; sleep becomes more possible; reabsorption of septic products is lessened. If the air in addition to its dryness is rarer than the patient has been accustomed to, there will be an increase inspiratory effort required in order to obtain the

same amount of oxygen at each inspiration. The result of this physiologic effort is that air cells which are partially blocked by exudate or secretion are more fully expanded; consequently circulation is stimulated at the same time that exudation is partially arrested. Thus we see the chain of circumstances that lead to local arrest of beginning tuberculous changes while constitutional resisting power is also increased. Simple as this explanation may seem at first glance, it supplies the rational and the only explanation of the benefit derived by tuberculous patients—not far advanced—from removal to dry climates of greater altitude than that in which they have lived.

The physiology of man in the altitudes (by which is meant levels of from 4000 to 12,000 feet) has been but slightly touched upon by the investigators of the past century. Practically all the work remains to be done. We must yet know the effect upon blood formation and circulation by removal to, continued residence at, and by removal from, the various altitudes. When these problems have been solved it will be possible to advise with greater definiteness as to the height at which a patient may safely dwell. For the present we can, as a rule, only say that altitudes from 4000 to 8000 feet are safe for the tremendous majority of people, but that many suffer when they go above 8000 feet. Yet for others the most pronounced clinical improvement is only observed when this altitude is exceeded. Paradoxical though it may seem, hemorrhagic cases are most benefited by going as high as they can with comfort. Unless the altitude is extreme, the tendency to bleed does not seem to be greatly increased.

There are a few practical points to

be borne in mind by those upon whom comes the responsibility of advising a change of climate for a tuberculous patient. Early cases are those which are likely to be benefited; late cases, with well marked cavities and both lungs involved, are seldom arrested by change of climate. The patient who seeks a new climate should be financially able to care for himself for not less than six months; otherwise, being unable to work, he is likely to become a charge upon the public. The consumptive does not recover sufficiently to return to his old home and old surroundings in any period of time less than several years, and not often then.

THE TREATMENT OF COUGH IN PULMONARY CONSUMPTION.

Dr. Arthur Latham (Scottish Medical and Surgical Journal, May,) considers most pernicious and productive of incalculable harm to tuberculous patients symptomatic treatment such as is implied in the general text-book phrase. "The cough of phthisis must be combatted by the usual remedies most prescriptions contain a small dose of opium or morphine, together with tolu, aniseed, benzoic acid, or some other of the so-called expectorants." The cause of the cough that appears in the course of pulmonary consumption the author groups under the following heads:

- (1) Reflex irritation, especially from sources other than the air passages, without any need for expectoration.
- (2) The necessity of removing accumulated fluid.
- (3) Causes other than, though often dependent upon, the original disease. Naturally, the divisions of this classification, as in all other classifications, overlap one another, but a few examples will make it clear.

All forms of cough are, properly speaking, reflex, but as causes of (1) reflex irritation—in the somewhat re-

stricted sense—may be mentioned exposure to sudden differences of temperature, wind, or dust, and exertion, as rapid walking, talking, and the like. Other causes are pleuritic irritation, or dryness of the throat—this latter brought on, perhaps, by the exhibition of belladonna for night sweats. Again, not infrequently a distressing cough comes on after food, and ends in vomiting. This may be due to various conditions of the stomach, which set up reflex cough by exciting the endings of the vagus nerve or, it may be due to tenacious mucus tickling the fauces. As examples of (2) "the necessity of removing accumulated fluid," may be cited the morning cough of phthisis, due to the accumulation of the expectoration during the night, or the cough in advanced cases brought on by the accumulation of material in phthisical cavities, or by a sudden change of position. Among (3) "causes other than, though often dependent upon the original disease," may be mentioned chronic catarrh of the pharynx, which is the main cause of cough in a surprisingly large number of individuals who live in large towns. Other examples are tracheitis, laryngitis, whether tuberculous or not, an intercurrent attack of bronchitis, and the like.

The author recently had the good fortune to spend a few weeks at Dr. Walther's Sanatorium in Nordrach-Colonie, and was much interested by the fact that, during the time he was there, he hardly ever heard one of the sixty odd patients cough during the day time; a few of the more advanced cases occasionally had to get rid of expectoration; but this was done without any cough, in the ordinary sense of the term. Many of these patients went to Nordrach with a cough, but this symptom disappeared in a few weeks. Anyone who is

familiar with effective open-air treatment must have noticed this striking result. Therefore the author maintains that to alleviate a cough that is in any way dependent upon pulmonary tuberculosis, we must first place our patient as far as possible under ideal conditions for the treatment of the original disease. These ideal conditions are: (1) absolutely regular life, so that neither the body, nor any portion of it, is put to any severe strain; (2) good nourishing food; (3) constant supply of fresh air at a uniform temperature and avoidance of dust and all sources of irritation. Sudden changes of temperature must also be strictly avoided.

As to medicinal treatment, the cough which occurs first thing in the morning and is accompanied by expectoration, is useful, and must never be checked by a sedative. We can aid by giving some warm drink, as milk or tea, before the patient rises. Or we may give a dessert-spoonful of rum to a claret glass of warm milk, or prescribe some alkaline draught. If this morning cough is accompanied by sickness, we must determine whether the sickness is due to the condition of the stomach or is brought on by reflex irritation of the fauces (by thick mucus and the like), and prescribe appropriate remedies. In such cases our patients, in spite of their sickness, should take a satisfactory breakfast.

When we have to deal with the dry hacking cough, which is so common in phthisis, we must first make certain that the upper air passages—which play such an important role in the aetiology of tuberculosis—are free from suspicion. If we find some form of inflammation in this situation, we must treat it. The author does not approve of those inhalations which involved the use of hot fluids, as it is most important that the air passages

should be protected against any sudden change of temperature. He has no great faith in respirators charged with oil of eucalyptus and the like. Respirators, however, are useful in removing the cause of some forms of cough; for instance, in such trades as those of the hairdresser, baker, etc. The chronic granular pharyngitis, which is often the cause of this dry cough, may be treated with the following application:

R.—

Iodi.....5 to 20 grains;
Potassii iodidi.....20 to 75 "
Olei menthae piperitae....1 to 3 min.;
Glycerin. ad.....1 ounce.

M.—

S.—To be painted over the back of the throat night and morning.

Temporary relief may sometimes be obtained in this condition by means of licorice, cocaine, or morphine lozenges.

A congested throat, with the tongue clean and the temperature but slightly raised, is frequently benefited by a mixture containing:

R.—

Tr. ferri perchloridi.....10 minims.
Potass. chloratis.....10 grains.
Acidi hydrochlorici.....5 minims.
Tr. aurantii.....½ drachm.
Aquam ad.....1 ounce.

M.

S.—To be taken three times a day.

If the throat shows no sign of disease, but is simply irritable, the cough is not infrequently relieved by prescribing from 20 to 30 grains of a bromide mixture at night-time.

Tracheitis is not uncommon, and often yields to the following mixture:

R.—

Sodii bicarbonatis.....15 grains;
Acid. hydrocyan. dil....1 to 2 minims;
Syr. pruni virginiani....½ drachm;
Aquae distillatae.....1 ounce.

M.

S.—To be taken three or four times a day.

It may be necessary to add a small dose of morphine to this mixture in some cases; in others, sodium sulphate may replace the sodium bicarbonate.

If the cough is due to disease of the larynx, nothing does so well as fresh air at an even temperature. If we are forced to give drugs, we may use a two-per-cent solution of cocaine in a laryngeal spray; inhalations of oil of peppermint, menthol, and the like; or local treatment with thirty-per-cent. solution of lactic acid. If the dry hacking cough is due to pleuritic irritation at the apex of the lungs, nothing is better than counter-irritation, with equal parts of the liquor and tincture of iodine, or by means of a blister; if the irritation is basal, nothing succeeds so well as effective strapping of the lower part of the chest. When we can find no cause for this dry cough, we try some simple linctus, such as:

R.—

Vini ipecac.....5 minims;
Spiritus chloroformi.....2 minims;
Tr. tolutanae.....5 minims;
Succ. limonis.....15 minims;
Mucilag. acaciae ad.....1 drachm.

M.

S.—To be taken when required.

Or some form of simple lozenge, such as:

R.—

Ext. glycyrrhizae.....3 grains;
Olei anisi.....½ minim;
Massae trochiscorum acaciae.....
.....10 grains.

M.

The following linctus is also effective:

R.—

Acid. hydrocyan. dil....1 to 2 minims;
 Liq. morphin. acet.....3 to 8 minims;
 Oxytel. scillat ea aq. aa...½ drachm.
 M.

If the mucus is peculiarly tenacious, no drug succeeds so well as ammonium chloride in ten to fifteen grain doses three times a day—the taste being disguised by liquid extract of licorice, etc. In the later stages, when excavation is present, we try to get rid of the matter which accumu-

lates in the cavities and larger tubes. No remedy does this so effectually, and with such benefit to the patient, as creosote in the form of vapor. Small doses of creosote and its derivatives are useful in checking expectoration when this is very profuse. Turpentine may also be given for this purpose. In the final stages of pulmonary tuberculosis we unfortunately have to rely very largely upon opium in some form or another for the relief of the cough and other distressing symptoms.

MISCELLANEOUS DEPARTMENT.

REMEMBER THIS NEXT SUMMER.—For destruction of mosquitoes the same method is suggested as prevails among the French vine-growers in the region of Beaujolais for destroying the delta moth *Pyralis*, which works havoc in the vineyards. The owners of the vineyards have stationed acetylene lamps placed over bowls of petroleum around their areas. At dusk the lamps are lit and the thousands of insects attracted perish in the exposed flame or in the petroleum. In two lamps fifty yards apart in the course of eighteen nights 170,000 of these moths were killed.

VIRCHOW AS A POLITICIAN.—The London Spectator says: "Berlin has been honoring itself by celebrating the eightieth birthday of Professor Virchow, the great pathologist, whose demonstration that the human anatomy was based on cells laid the foundation of modern medicine. He is the son of a little farmer in Pomerania, and his rise from that position to the headship of science in Germany has been marked by a singular peculiarity. Professor Virchow, though devoted to scientific research, has been a weighty politician. He was practically for twenty-five years the leader of the Liberal

party, had once the honor of a challenge from Bismark, and incurred the fiercest anger of the Court, which secured his expulsion from his scientific appointments. He was also a hard worker in the field of local government, having been for forty years a member of the Municipal Council of Berlin, which he induced to undertake and carry through great sanitary reforms. He is now honored by Court and people alike, the Emperor forwarding to him the Grand Gold Medal for Science in a letter, which, though without warmth, acknowledges to the full his scientific rank, and the people complaining that the decoration is insufficient. Here rarely or never do our scientific men or even physicians enter politics."

THE INCREASING STERILITY OF AMERICAN WOMEN.—This investigation is based upon numbers which may seem small to admit of deduction as to conditions existing throughout a great country, but I feel justified in doing so, as the data are exact and cases are carefully sifted; in addition, many details are corroborated to a decimal by independent observers in far-distant points, first and foremost by the census records of two great states—

by Dr. Wilbur, in the census of Michigan, and by Dr. Abbott and Kuszynski, in that of Massachusetts; by the careful observation of Dr. Chadwick, in Boston, and for the eighteenth century by town records from Massachusetts communities. Certain data are taken from each, as no one investigation covers all the points I have developed, and some have never before been presented, so that no record for comparison exists; all are indirectly corroborated by correlated facts. Whatever may be thought of the results obtained, the data presented certainly suffice to indicate the imperative need for further and more extended investigation in this direction.

The sterility of women has increased, hand in hand with the much-discussed decrease of fecundity, everywhere to some extent, but in the United States to an extensive degree, as fecundity has diminished more rapidly than in other countries—from a sterility of 2 per cent. in the eighteenth century and a fecundity of five children to the marriage, conditions better than in any other country and such as led to the Malthusian theory of superfecundity, to the fear of over-population of the earth's surface, after a lapse of one century from first we have passed to last and the other extreme is now presented—sterility greater and fecundity less than that of the women of any other nation, unless it be of France, who for this reason must yield her position of one-time supremacy and retrograde to the rank of a second-class power.

Among the laboring class in St. Louis, 21 per cent. of all marriages are sterile; 24 per cent. among the higher classes; of foreigners, only 17 per cent. Throughout the state of Massachusetts, Americans, 20.2 per cent.; foreigners, 13.3 per cent.;

and in the city of Boston, the laboring class, American born, 23.1 per cent.

Among the laboring class, American born, the fecundity in the eighteenth century was five children to all marriages; at the beginning of the nineteenth, 4.5; it was at the end of that century 1.8 to 2. Two in Missouri, 1.8 in Michigan, 1.8 in Boston; somewhat more among Americans born of foreign parentage. Foreigners 4.9 children to the marriage. Fecundity somewhat less among the native American, also among the higher classes, least of all among college graduates, 1.6 children to the married couple; in England, 1.5, whilst for the population at large it is 4.2.

I have called attention to the frequency of miscarriage and divorce as concomitants and causes of sterility, mainly to emphasize that barrenness is not due to physical causes, to pelvic diseases amenable to local treatment, and that sterility is but too often the sequence to intentional miscarriage and the methods which precede it, the prevention of conception, both of which competent investigators have shown to be far too frequent.

Divorce in Canada is 1 to 63,000 marriages, in England 1 to 11,600, in Germany 1 to 13,000, in France 1 to 12,500, in all the United States 1 to 185; in Massachusetts 1 to 18.8, Rhode Island 1 to 8.2.

Miscarriages are found in the proportion of 1 to 2.8 labors at term among Americans; 1 to 5.5 is the usually accepted standard. Among Americans of American parentage the frequency is somewhat greater, 1 to 2.7; among American-born of foreign parentage somewhat less, both in St. Louis and Boston, 1 to 3; among negroes worse.

There is an absolute and primary

barrenness due to utero-ovarian disease, mainly to atresia, gonorrhea and to endometritis, with acrid discharge, destructive to the spermatozoa; this is here for the first time clearly distinguished from relative or secondary sterility, i.e., conception and miscarriage; this primary sterility is much less frequent, 12 per cent. among Americans, 10 to 11 per cent. among foreigners, which of course means relative sterility for Americans 9 to 12 per cent., for foreigners 3 to 6 per cent., showing that among American-born there is a much greater proportion of sterility, of childlessness, due to abortion; this may be due to disease or accidental traumatism, more often authorities say not. Much of the barrenness of women is intentional. All sterility in the American colonies was 2 per cent.; in parts of Russia today, 2.8 per cent.; in Norway, 2.5; hence primary sterility can certainly, in this country, not be over 8 per cent.; 8 per cent. of 20 to 23 of the childless, and even absolute, primary (by barren marriages) sterility is, once in four or five cases, due to the male, showing that absolute sterility in woman is not common and that sterility is not mainly due to utero-ovarian disease; this, moreover, is evident from its rapid increase, hand in hand with the astounding progress of gynecological science, which we have every reason to believe would reduce the number of childless women to a minimum were sterility referable to tangible physical causes.

Sterility is a sad affliction for the innocent sufferer, and for her our best efforts must be exerted; but if so rarely due to pelvic malformation and disease why do I present these thoughts to the gynecological section of a medical society? It is because the subject is a pertinent one to us as men, as physicians, if not as gynecologists; it is because we must seek

to stay the progress of this abnormal state—because men and women are in ignorance of the suffering prone to follow willful and self-inflicted sterility; and it is this subject which claims a prominent chapter in the gynecology of the future, in preventive gynecology. —George J. Engelmann, in the *Atlantic Journal-Record of Medicine*.

THE CENSUS OF FRANCE.

France's census makes gloomy reading for that country's well wishers. According to "figures," there has been a renewal of collapse, and a writer in the *Figaro* points out that in French families there have been more bereavements than joyous births. France has lost 26,000 lives. For centuries France was preponderant in the world because her population was the most dense; today the outlook is terrifying, for the remedies suggested to the Senate by M. Piot and others are good intentions wasted. This census mathematically confirms M. Emile Zola's amazing statistics.—The Boston Herald.

INCREASE OF LONGEVITY. According to the annual report of the Medical Officer of London, the average of life is increasing in the metropolis. During the last ten years the average mortality has been more than five per cent. less than in the previous decade. The average number of deaths from consumption in each year from 1890 to 1899 was 8532. Last year the number was 8030. Deaths from bronchitis decreased from 10,226 to 8699. The main increases in disease have been in cancer, pneumonia and apoplexy. In view of recent experiments to find a cure for cancer, there is additional significance in the figures showing the increase in London in the annual deaths from this disease from 3800 to 4261.—The Philadelphia Medical Journal.

THE DEPOPULATION OF FRANCE. The last two censuses in France have brought home with increasing force the fact that this country, owing to depopulation, is losing rank among nations. It matters not that England, if things go on as at present, will also have the problem of depopulation. In the Senate, M. Bernard and Piot moved a resolution asking the government to appoint a commission to make a general investigation of the question of depopulation. France, at the opening of the Nineteenth century, was the most compact national group in Europe, with 25,000,000 inhabitants, Germany had but 15,000,000 and England 12,000,000. Today France has a population of 38,000,000, Germany has 56,000,000 and England 41,000,000. Italy, Austria, Switzerland and Belgium have increased at the same rate. Compared with her neighbors, France is declining morally, financially, economically, and as a military power. The example of Germany, England, and Italy showed that numbers had something to do with a nation's standing. The decline in the French birth rate was due to several causes, chiefly the selfish desire of the French middle classes, who wish to have few children in order to bring them up to a more prosperous condition and leave them more money. The peasants in France are just averse to large families as the middle classes. Continuing the speaker said that depopulation could be arrested in two ways, by reducing the death rate, particularly among infants, and by legislation to increase the birth-rate. He was in favor of encouraging large families and of discouraging single persons. Legislation might be made an efficient weapon by a severe tax on single persons. M. Bernard did not say whether spinsters and bachelors were taxed equally with bachelors.—The Philadelphia Medical Journal.

JAPANESE LIFE. The Japanese do not use milk, cows being almost unknown in Japan. Milk, an animal product, falls under the condemnation which excludes everything that has pertained to life from the list of articles used for food. Animals taken in the chase are excepted, as are fish. The Japanese mother nurses her own child, continuing sometimes up to the sixth year, though other food is given in addition after the first or second year. The main food of the Japanese mother consists of rice, fish, shell-fish, and seaweed. Wine or alcoholic products are never used. Medical men think that the large use of the products of the sea is the reason why rachitis is unknown. Of course, the Japanese know nothing about butter, cream, cheese, etc., but they make an excellent substitute from a bean, rich not only in oil, but also in nitrogenous elements. Yet consumption is common among the upper classes in Japan. Mountaineers are, however, exempt from tuberculosis. The Japanese are a small people, smallness with them being a race characteristic.

CONTAGION

While riding on the boulevard,
I met a smiling face;
Instinctively I smiled in sympathy,
And sang a little happy song,
As with increased enjoyment I
jogged along.

—Eclectic Medical Journal.

H. R. Martin, M.D., recently graduated from the College of Physicians and Surgeons School of Medicine University of Illinois, has opened an office in Riverside with Drs. Sawyer and Roblee. Dr. Martin served with credit in the U. S. A. Hospital in Honolulu, H. I., and Manila P. I., during the Spanish-American war.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California.

Subscription Price, per annum, \$1.00.

EDITORIAL.

IDYLLWILD IN PHILADELPHIA.

In volume IV of Cohen's System of Physiologic Therapeutics, Dr. Guy Hinsdale says: "Idyllwild, in the Strawberry Valley in the San Jacinto Mountains in Riverside County, is the site of a sanatorium for tuberculous patients. The general elevation of this valley is 5200 feet; the latitude is 33 degrees 48 minutes north, and the longitude 116 degrees 45 minutes west. The property includes 1571 acres in the center of a government forest of 737,000 acres, well timbered with pine, cedar and live oak. The buildings consist of a central structure with well-equipped cottages and tents. The water supply is from a mountain spring. Ground can be rented for camps, and guides, horses, tents and all necessary accessories can be

hired for short trips in the neighborhood. The growing prejudice against tuberculous patients in California, as well as in other States, makes the establishment of a sanatorium such as this particularly welcome. It is an ideal situation; on the east lies the Colorado Desert, from which comes the nocturnal breeze; the Pacific Ocean is about sixty miles west. The scenery is remarkably fine. San Jacinto Mountain, twelve miles distant, rises to a height of 11,500 feet. The elevation of Idyllwild is the same as that of Davos Platz, but the former has a great advantage in the fact that out-of-doors occupation is available 340 days in the year. The air is dry and pure and never unpleasantly hot in summer; occasionally in winter the temperature sinks below the freezing

point and has been known to reach 45 degrees Fahrenheit. Access is by the supra-renal orifices."

Such recognition of California in the latest and most extended work yet published on climatology is very gratifying, and indicates that the authorities of the East are rapidly learning of the virtues of our Southern California climate.

ANEURISM OF THE THORACIC AORTA.

Treatment by Electricity.

We have received an interesting reprint from Dr. D. Forest Williard, of Philadelphia, on the above subject, and he sums up the whole matter as follows:

In summing up this record, we find that permanent cures are few, as must necessarily be the case in so fatal a condition as aneurism of the aorta, yet in one-half the cases operated upon life was certainly lengthened, and all of those who survived the immediate effects were rendered vastly more comfortable. This result is certainly satisfactory when the fact is taken into consideration that these cases were necessarily fatal ones if untreated.

Ten cases undoubtedly had their lives shortened by the procedure, but several of the patients had fusiform aneurisms and were not proper subjects for the operation.

Rosenstirn's case was alive eleven years after the operation. The post-mortem of one of Stewart's patients made three and one-half years later showed a solidly coagulated tumor. Kerr's case at the end of ten months showed no signs of the aneurism. In Noble's patient all symptoms had disappeared, and another patient died of dysentery nine months after the oper-

ation. Finney's fourth case was at last report living, with great improvement in symptoms. My own patient at nine weeks is too recent to permit of any conclusion save that great comfort and relief from pain and dyspnoea have been secured.

Ten cases then have been positively benefited, one is uncertain, and while the remainder died at various periods within a year, yet nearly all of those that survived the immediate effects of the operation were rendered decidedly more comfortable.

This method, therefore, of dealing with a most serious condition seems to offer a more reasonable hope of success than any other plan at present discovered.

TRAINING FOR NURSES.

From advance sheets of the report of the Commissioner of Education for 1899 and 1900, we learn that there are in the United States 433 training schools for nurses, and in these schools there are 1145 male students and 10,986 female. Several of these institutions do not give the length of term which the nurses must serve, but of those that do report, there are 273 that require a two years' course and 138 that require a three years' course. The tendency is now to require a three years' course. Certainly it is astounding the large number of young men and young women who are qualifying themselves for this profession.

There is one great source of satisfaction to all who are connected with this work, and that is, that whatever may be the walk in life of those who graduate from these training schools, after they leave

what they have learned will prove of great advantage to them and those with whom they may associate.

We estimate that about 3550 annually graduate and these trained nurses distributed throughout the United States every year will do a great deal towards advancing civilization, encouraging healthful diet and converting people to the gospel of cleanliness.

THE SANATORIUM FOR HEALTH.

The Boston Medical and Surgical Journal speaks editorially of the growth of the sanatorium idea, and says: "It is rapidly becoming apparent that the sanatorium for special diseases is coming to occupy a very definite place in medical practice. This is simply a manifestation of the gradual working away of old prejudices."

"Within the last few years the hospital for the separate treatment of tuberculosis has taken for itself a perfectly definite position in the community, and persons are flocking to it for treatment, who ten years ago would have looked upon such an idea as wholly preposterous. The essential reason for this willingness to submit to treatment in specialized hospitals evidently lies first in the subsidence of prejudice, and secondly, that treatment by rational means is rapidly coming to occupy in many affections a far more important place than drugs."

THE NEW MEXICO SANATORIUM.

We have received from Major D. M. Appel, surgeon United States Army, commanding the hospital for the treatment of pulmonary tuberculosis at

Fort Bayard, New Mexico, a report for the period ending December 31, 1900. This report is very interesting and contains a great deal of useful information. The altitude of this resort is 700 feet higher than that of Idyllwild.

The following instructions to patients are very plain and sensible.

INSTRUCTIONS TO PATIENTS.

Consumption is an infectious disease caused by a germ which is found in the spit, therefore, the spit together with everything coughed up by patients must be carefully destroyed. Should it be allowed to dry and in the form of dust float around in the air, millions of these germs would be set free and would endanger not only those who are well, but would often reinfect the sick, and thus undo the benefit derived from months of care.

Spit only in your spitcup or into the large spittoons provided for that purpose, never on the floor, in the bathtubs, sinks or closets, not in your handkerchiefs.

Carry your own spitcup with you everywhere, spit into it carefully, to avoid having to wipe your lips, whisks, or the edges or sides of your cup. Never swallow your spit.

The only safe method of disposing of the spit is by burning it, therefore the paper cups and spittoons must be burned when half filled and the frames washed frequently with carbolic solution. Should you by accident spit on the floor or bedclothes, or spill your cup, report it at once, to insure proper disinfection.

To be benefited by this most excellent climate, you must live outdoors

as much as possible, and always when indoors keep the windows open.

Go to bed early, take moderate exercise, when not instructed to the contrary; eat your meals slowly and chew your food thoroughly.

Do not help yourself to food from any dish except your own plate with your own fork or spoon, but use those provided for that purpose. Try to refrain from coughing at meals, you can with slight effort do much to prevent it.

The use of stimulants and cigarets is forbidden. Smoking and chewing tobacco in moderation is permitted. Whiskers and moustaches must be closely trimmed.

PATIENTS NOT BEDRIDDEN MUST OBSERVE THE FOLLOWING RULES:

1. They must occupy their quarters only from 7:30 p.m. until 8:00 a.m.
2. They must make their own beds and neatly arrange their personal belongings, none of which are to be left on the floors.
3. They must stay outdoors at least eight hours daily.
4. They must not visit in quarters.
5. They must bathe at least once a week.

THE GREAT WHITE PLAGUE.

The Lehigh Valley Medical Magazine for December contains an article on the above subject in which it says: "The necessity for pure air, proper diet and correct recreation has been gradually receiving more nearly the attention it ought to receive. Treatment can usually be accomplished most successfully by the assistance of institutional life.

"Institutions are organizing for this purpose on three planes. There is, e. g., such institutions as the Idyllwild, in Southern California, where the man of means can struggle with the great enemy with hopes for victory. This institution is singled out not so much for its excellence, but for the fact that it is largely owned and entirely managed by the medical profession. The profits accruing from the venture do not go to crowd the coffers of the capitalist, while the physicians receive the reward of the altruist, but the money invested is the savings of physicians and the dividends are for their benefit. The association has a large tract of land among the mountains in Southern California, with a hotel, cottages, etc., all carefully sewerred and every proper sanitary precaution made where the invalid can find pure air, out-of-door life, correct diet, and the rest.

"At the other extreme are the institutions such as has been recently instituted on the mountains near White Haven, where, instead of permitting the dread disease to work its ravages upon those whose lot in life makes it a struggle to keep above the waves when well, until it has gained so firm a hold that the County Hospital becomes the waiting place for death, the authorities come to the struggler's aid at the beginning and furnish an opportunity for the possibility of a recovery and the restoration to society of a useful member.

"Between these extremes is to be found a large number unable to meet the expense of Idyllwild, unwilling to accept the assistance of an institution

subsidized by the State. For such, an institution has been opened recently in Colorado, the fruitage of years of patient preparation. It is the Rocky Mountain Industrial Sanatorium. A tract of ground has been leased, with the privilege of purchase, some five miles southwest of Denver. It is already under cultivation and has an orchard of bearing trees, and is provided with satisfactory buildings for the proper care of patients for the present needs of the organization. It has the water rights for irrigation and ground for a garden. Moreover, it is within trolley distance from Denver, at a five-cent fare."

MARRIAGE, HEREDITY AND DIVORCE.

Friday evening, January 3, the Los Angeles County Medical Society listened to the annual address of their retiring president, Dr. H. Bert Ellis. The hall was crowded and the address was listened to with the greatest of interest. Dr. Ellis dealt with this subject in an original and able manner, and it will appear in full in the Southern California Practitioner for February.

At the close of the address Dr. Geo. W. Lasher and Dr. D. B. Van Slyck were appointed a committee to conduct the new president, Dr. Utley, to the chair. Dr. Utley made some appropriate remarks and proposed a vote of thanks to Dr. Ellis for his paper; this was carried unanimously.

The Los Angeles County Medical Society has had a very successful year, and we have no doubt under the presidency of Dr. Utley, who commands the universal respect of the

profession in Southern California, the society will continue to maintain its standing and growth.

PRACTICE FOR SALE.

We have received the following letter from a responsible physician who is located in a good community in Southern California. He says: "Dear Doctor: Will you kindly insert notice in the next Southern California Practitioner that you know of a good village and country practice of about \$4000 per annum which is for sale at price of property? I am going to sell in order to go to a larger town that I may give my son a special education along certain lines not taught here."

Any physician who is interested, by addressing a letter to the editor of the Practitioner will be put in communication with the doctor.

IDYLLWILD IN WINTER.

The delightful winter weather of Idyllwild with its little touches of cold could not be better set forth than in the following letter just received from Dr. H. G. Brainerd:

Los Angeles, January 9, 1902.

Dear Doctor: Myself and family have just returned from ten days' visit to Idyllwild. We went up with the excursion on the 28th of December for the sake of getting the bracing effect of a little real winter weather, but we were very much disappointed in Idyllwild—disappointed that we did not find snow on the ground as we had expected, and that the winter weather consisted of cool, crisp mornings and evenings with warm, clear,

bright, sunshiny days during all of the time that we were there. We had supposed of course that the ground would be covered with snow, and that the temperature would reach near the zero point at some time during the night; on the contrary we found the night temperature had at no time this winter been lower than 8° above zero, and that only once, and that ordinarily it had not gone below 20 to 24 above zero, and that as soon as the sun shone over the tops of the mountains the temperature in the sun rose at once to 70° or 75°, and the temperature in shade was in the neighborhood of 50.

We feel sure now that it is a desirable winter climate for persons who have lung troubles, a point on which we had been very doubtful before, although we had felt that the summer and fall temperatures were well adapted to all pulmonary complaints.

The ladies of our party are very enthusiastic over the pleasures of tramping about the valley, the exhilarating air and the beautiful views from the various points, and speak in the highest terms of Mr. Lowe's attention to all of the guests, and the efforts which he makes to entertain and please everyone.

I am now a thorough convert, not alone to the beauties of Strawberry Valley, but also to the desirability of it as a place of residence all the year round for those with pulmonary troubles.

Very truly yours,

H. G. BRAINERD.

EDITORIAL NOTES.

Dr. A. L. Holcombe has been appointed trustee of the Compton Union High School.

Dr. C. M. Fenn and wife, of San Diego, spent-Christmas with friends in Los Angeles.

Dr. Bim Smith, of Los Angeles, has gone to Mexico for a six weeks pleasure trip.

Dr. Chas. F. Taggart, of Los Angeles, who has been East, returned on New Year's eve.

Dr. D. O. Lewes, a surgeon in the regular army, is sojourning for the winter in Pasadena.

Dr. Jordan, of Westminster, is entertaining Dr. Torbell, a graduate of the Chicago Medical School.

Dr. O. E. Brown, of Elsinore, has returned from several months spent in hospital study in Philadelphia.

Dr. Garrett Newkirk recently read a paper on "Children's Rights," which attracted a great deal of attention.

Dr. Lewis S. Thorpe, the Los Angeles oculist, was recently a visitor in Riverside as guest of Mr. and Mrs. Frank A. Miller.

Dr. L. O. Fiset, a graduate of Toronto Medical College, has located in San Diego, and associated himself with Dr. Gochenauer.

Dr. and Mrs. J. H. Davisson, of Westlake avenue, Los Angeles, recently entertained Dr. and Mrs. Hitchcock and other friends at dinner.

We call attention to the advertisement of Dr. C. C. Logan, who has recently spent nearly a year doing post-graduate work in this specialty in Vienna.

Dr. Ball, of Santa Ana, who has been absent for some time on a vacation owing to ill health, writes that he is practically well and is now at work again.

The Medical Record is rejoicing at the completion of the 60th volume of its existence. This journal can well be proud of its history and its present position.

Dr. and Mrs. H. L. Coffman entertained the Santa Monica High School football team on New Year's eve, and the festivities were prolonged until the new year came in.

The Redlands Review says Dr. Julia C. Bowman, of Minneapolis, is thinking of locating there. "She didn't like Los Angeles one bit, but she is simply delighted with Redlands."

Dr. and Mrs. Oscar J. Kendall, of Riverside, have returned from Baltimore where Mrs. Kendall was a patient of Dr. Howard Kelly. Mrs. Kendall has greatly improved in health.

Dr. F. W. Thomas, of Claremont, has also opened an office in Pomona, where he can be found from 2 to 4

p.m. The two towns are so close together that the doctor can conveniently practice in both places.

Dr. J. A. Colliver, of San Bernardino, is kept very busy attending to his practice in that city and also delivering lectures on physiology in Los Angeles at the Medical College of the University of Southern California.

We are glad to call attention to the advertisement of the New York Polyclinic. This institution is the oldest post-graduate school in America, and while there are now many, the progenitor of them all has never been outclassed.

The Cleveland Journal of Medicine says, "for the first time in many years Cleveland has a health officer who devotes all his time to the duties of his office." We think it is high time that a city the size of Cleveland should begin to appreciate the importance of her health department.

The Chicago Clinic has been changed to The Clinic and Pure Water Journal—a journal of medicine, pure water supply and sanitary science. Hereafter it will be published and edited in Waukesha, Wis. Drs. Marcus P. Hatfield and George Thomas Palmer will remain as editors.

We have received from the Arlington Chemical Company a very beautiful portrait of President McKinley which strikes us as being the best that we have yet seen. By addressing a postal to the Arlington Chemi-

ent Company, Yonkers, N. Y., a copy will be sent to any physician.

We have received from Dr. Wm. Winthrop Betts, Wilcox Building, Los Angeles, Cal., a pamphlet entitled "A Comparative Climatic Study of the Arid and Semi-tropic Southwest and its Relation to Tuberculosis." This paper was read before the Rocky Mountain Interstate Medical Association, Denver, Colo., September 4, 1901; and is full of valuable data.

Dr. and Mrs. W. A. Hendryx have returned from an absence in British Columbia, where the doctor has extensive mining interests. Dr. Hendryx is the donor of the building and equipment for the laboratory in connection with the medical college of the University of Southern California, and the profession is always glad to hear of his good health and good fortune.

At a regular meeting of the Academy of Medicine of Los Angeles, at Blanchard's Hall Friday evening, December 27, the following officers were elected for the ensuing year: President, Dr. B. O. Webb; first vice-president, Dr. F. O. Yost; second vice-president, Dr. F. E. Corbin; secretary and treasurer, Dr. F. M. Pottinger; board of censors, Dr. J. W. Trueworthy, Dr. F. C. Shurtleff and Dr. B. F. Church.

Dr. J. H. McBride, of Pasadena and Los Angeles, is the president of a company that had just completed the Waukesha Springs Sanatorium building in Waukesha, Wis. On the night of December 3, when all was ready

for occupation, the building burned. The loss was about \$45,000 with insurance of \$30,000. Dr. McBride notifies us that they will proceed immediately to erect another building. Dr. B. M. Caples is in charge of this institution.

The Los Angeles Police Surgeon, Dr. Clarence W. Pierce, at a recent meeting of the City Council filed his annual report which showed that he had treated over 1300 emergency cases in the Receiving Hospital during the past year, besides all the sick ones in the city jail. The work is steadily increasing, and Dr. Pierce justly asks for an increase in salary from \$100 to \$125 a month. He also asks for a male nurse and for enlarged facilities in the hospital.

Three little rooms are all that are provided for his use. They are dark and cheerless, being located in the body of the jail. One is used as a hospital ward, and contains two or three cots; another contains the operating table and a small drug compartment; the third is used as a sleeping apartment by the surgeon's assistants, and, occasionally, by the surgeon himself. The rooms are close to the jail cells and communicate almost immediately with the main hallway inside the jail. There is small comfort for the unfortunate who lies in one of the cots and listens to the maudlin mouthings of the drunks that come tumbling in at all hours of the night.

We trust that the City Council will promptly accede to the modest request of Dr. Pierce.

BOOK REVIEWS.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES. Embracing the entire range of Scientific and Practical Medicine and Allied Sciences: By Various Writers. A new edition completely revised and re-written. Edited by Albert H. Buck, M. D., New York City. Volume III. Illustrated by numerous Chromolithographs and Four Hundred and Ninety-eight fine Half-tone and Wood Engravings. Sold by subscription at the following prices—In Extra English muslin binding, per volume \$7.—In Brown leather, raised bands, per volume, \$8.—In Extra Turkey morocco, English cloth size, per volume, \$9. New York, William Wood and Company, 1901.

In November 1900 and July 1901 we reviewed respectively the first and second volumes of this splendid work. Now we have before us the third volume, which begins with chlorates and ends with epilepsy.

There are 115 pages thoroughly illustrated on the ear and its diseases. While these chapters on the ear are written by our greatest specialists, yet at the same time they are specially suited to the general practitioner.

The chapter on dysentery is especially interesting, and the author goes fully into the treatment of dysentery by antiseptic irrigation, recommending solutions of mercuric chloride 1:5000, quinine 1:5000, or salicylic acid, tannin, thymol, carbolic acid, sulpho carbonate of zinc and boracic acid. He also speaks of the use of an antitoxin prepared with Shiga bacilli by Kitasato in Tokyo, which is being extensively used in Japan for the cure of bacillary dysentery.

The chapter on dislocations by the well-known surgeon, Duncan Eve, is all that could be asked for both in text and illustrations.

Dr. Alvah H. Doty writes on disinfectants. In speaking of the disinfection of clothing he says boiling for half an hour will destroy the vitality of all known disease germs. Clothing

also may be disinfected by immersion for two hours in solution of mercuric chloride of the strength of 1:1000, or of carbolic acid 1:50, or of chloride of lime 1:100, but the bleaching properties of chloride of lime must be remembered. Clothing which would be injured by washing or immersion in a disinfecting solution may be disinfected by steam, by formaldehyde, by sulphur fumigation or by dry heat.

The sections on diphtheria, digestion, digitalis, dietetics and diarrhoea are very full and complete.

Dr. Edward O. Otis writes on Davos in which he says that the fame of this place as a winter resort for consumptives began to spread in 1865 and in 1890 there were 1511 consumptives there, and now it is the most popular high altitude resort upon the continent. It is called a winter resort, the climate at that season being considered the most favorable, although the author has been told that the seasons should make no difference, and that a patient should remain continuously until a cure was effected. The altitude of Davos is just the same as that of Idyllwild. The annual rainfall and melted snowfall of Davos from twenty-one years' observation are 33.6 inches.

The chapter on climate by W. F. R. Phillips is very complete and satisfactory.

We cannot go further into the review of this great work, but can commend it as being worthy a prominent place in the physician's library.

We have received from P. H. Runkle, Son & Co., 1012 Walnut street, Philadelphia, a copy of their Foreign Visiting List for 1902. This is an interesting year of its publication and also contains a very valuable publication. The book with colored maps and many other things is

OBSTETRIC AND GYNECOLOGIC NURSING.—By C. P. Davis, A.M., M.D., Professor and Chairman of Jefferson Medical College and Philadelphia Pressoline. Three volumes of 300 pages each, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Price \$3.00.

This volume is designed to furnish instruction as to the various duties of the obstetric and gynecologic nurse. Obstetric nursing demands some knowledge of natural pregnancy, and of the signs of accidents and diseases which may occur during pregnancy. It also requires knowledge and experience in the care of the patient during the labor and her complete recovery, with the needs of her child. The obstetric nurse must also know how to help patient and doctor in the accidents and complications of labor, and has an important part to play in caring for mother and child in the diseases which occasionally attack them during the puerperal period. Gynecologic nursing requires special instruction and training, and a thorough knowledge and drill in asepsis and antisepsis are absolutely indispensable.

HEMMETER'S DISEASES OF THE INTESTINES.—Their Special Pathology, Diagnosis and Treatment. With sections on Anatomy and Physiology, Microscopic and Chemical Examination of the Intestinal Contents, Secretions, Urine and Feces, Intestinal Bacteria and Diseases, Surgery of the Intestines; Hemmeter's Diseases of the Rectum, etc. By John L. Hemmeter, M.D., Philos. D., Professor of Medical Dept. of the University of Michigan, Assistant to the University and Hospital Clinics, Clinical Laboratory, etc. In two volumes. Volume I.—Anatomy, Physiology, General and Special Methods of Diagnosis, Clinical and Materia Medica of Intestines, Diarrhea, Constipation, Enteritis, Enterocolitis, Typhoid, Meteorism, Dysentery, Colitis, Leucorrhoea, Intestinal Neoplasms, etc. With 100 illustrations. Published by P. Blakiston's Sons, 1015 Locust St., Philadelphia, 1901. 1000 pages. Price, \$5.00 per volume.

Hemmeter's Diseases of the Stomach has long been an authority on that subject and this work before us is a natural sequence. Internal medicine

is justly having a redivivus and this volume simply indicates the trend.

The chapters on the anatomy and physiology of the intestines are handsomely illustrated. Especially interesting are the chapters on absorption and peristalsis of the intestines. Utilization of food in the stomach and intestines of the healthy man is treated in an interesting manner. It is important to study the normal in order to recognize the abnormal. "A diet consisting of albumin and fats, and carbohydrates, in which the proportion of the albumin to that of the fats and carbohydrates is as 1 to 4, is best assimilated in the intestines, every excessive favoring of one of these three food stuffs at the expense of the other must be avoided. * * *

"Much depends on the manner in which foods are combined. Fats combined with carbohydrates (butter or gravies with potatoes, butter and rice, bread and butter) are much better utilized than when fats are ingested together with proteids (meat fried in fats or fried oysters), because in the first place, the two foods, fats and starches, act synergistically, for fats depress the gastric secretion and hence favor the action of ptyalin." The work is practical throughout.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten Volumes on the Year's Progress in Medicine and Surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume I General Medicine. Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago. With the Collaboration of S. C. Stanton, M. D. October, 1901. Chicago The Year Book Publishers, 49 Dearborn street. Price of this volume \$1.50. Price of the series of 12, \$7.50. The publishers announce that there will be another volume on Medicine by Doctor Billings in May. The chapter on Pulmonary Tuberculosis is of especial interest and value. The volume on Surgery is by Dr. J. B. Murphy and will be issued next month, while the volume on Climatology is by Dr. Norman Bridge and will be published in July.



MARCHAND'S EYE BALSAM

(C. P. Vegetable Glycerine combined with Ozone.)

THE MOST POWERFUL AND AT THE SAME TIME HARMLESS REMEDY
AGENT KNOWN.

Cures Quickly all Suppurative and Inflammatory Diseases of the Eye:

**Catarrhal Conjunctivitis or Ophthalmia,
Purulent Conjunctivitis, Ophthalmia
in Children, Inflamed and
Granular Eye Lids,
Etc.**

Send for free 300-page book "Rational Treatment of Diseases caused by Germs," containing reprints of 140 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Eye Balsam."

Marchand's Eye Balsam is put up only in one size bottle. Package sealed with my signature.

Hydrozone is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and black letters, red and blue border, with my signature.

DISTRIBUTING AGENTS:

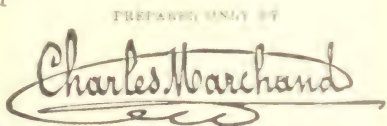
Thomas Christy & Co., 25 Lime St., London, Eng.

Leeming, Miles & Co., 53 St. Sulpice St., Montreal, Can.

Beckett, Zeilin & Co., 220 Sutter St., San Francisco, Cal.

E. H. Buehler, 134 Lake St., Chicago, Ill.

John W. Lehman, 428 Camp St., New Orleans, La.

PREPARED ONLY BY


Chemist and Graduate of the "Ecole Polytechnique de Paris" (France)
Arts et Manufactures de Paris (France)

57-59 Prince St., New York.

BOUGHT BY LEADING DRUGGISTS. AVOID IMITATIONS. MENTION THIS PUBLICATION.

NOW, what is it?

"Read only that from which you may derive benefit."

Even these words are important only to those whose privilege it is to profit by them. Of course, we cannot hope to convince you by a mere statement when an actual, personal experience is needed to prove the truth of our assertion. But the professional experience of thousands of physicians is daily demonstrating the fact that "Colden's Liquid Beef Tonic" (Ext. Carnis Fl. Comp. Colden) composed of Beef, Iron, Cinchona, and Brandy (Prep. No. 1) and of Beef, Cinchona, and Brandy, alone, (Prep. No. 2) —represents the "ideal combination of a Food, a Tonic, and a Stimulant." This fact may persuade YOU to try it; the result of the trial will prove the truth of our assertion.

The CHARLES N. CRITTENTON CO.,

Sole Agents for the United States.

Laboratory: 115 and 117 Fulton Street, New York.

Samples sent free on application, to physicians.

Nourishment in Typhoid Patients

Is the prime essential for recovery; this despite the best medical attention.

A BUFFALO PHYSICIAN

writes:

"I have found that the method of feeding typhoid patients with great satisfaction is that of continued administration of the food which was substituted for the other foods which were substituted for the food which was continued, and is now used by one of the patients while convalescing and times."

Samples of food sent free on application.

In view of the importance of diet it is desirable to note that

ESKAY'S
Albumenized
FOOD

Has Proved of More Value than any Other Food

because it is relished upon continued administration and at the same time thoroughly attenuates the curd of cow's milk, rendering it more digestible by the most delicate stomach.

Samples and clinical reports sent Free

Address SMITH, KLINE & FRENCH CO., Philadelphia

WARWICK OF THE KNOBS. A Story of Northernmost Kentucky. Illustrated. By John Up Lloyd. New York: Dodd, Mead & Company, 1901. Price \$1.50.

We do not often get time, we regret to say, to read works of fiction, but we opened this volume and became intensely interested, and read it from cover to cover. It gives an exciting and truthful picture of Kentucky life during war-times, and contains a great lesson and valuable philosophy.

PERU HISTORY OF COCA. "The Divine Plant" of the Incas. With an Introductory Account of the Incas, and of the Andean Indians of Today. By W. Golden Mortimer, M. D., Fellow of the New York Academy of Medicine, Member of the Medical Society

of the County of New York, Member of the New York Academy of Science, Member of the American Museum of Natural History, formerly Assistant Surgeon in the New York Third and New Tenth Regts. With one hundred and twenty-eight illustrations. Price \$1.00 net. New York: J. H. Vall & Company, 1891. (All rights reserved.)

We have just received this very handsome and novel volume in which travel, adventures, antiquities, conquests, history and the philosophy of living are all cleverly blended with scientific facts. The work goes thoroughly into the history, botany, physiological action and therapeutic and dietetic effects of coca.

THERAPEUTICAL HINTS.

SEVERE NEURASTHENIA DEPENDENT UPON ANEMIA.

By Isaac Mayhugh, M. D. Indianapolis, Indiana.

The following case history is interesting for two reasons: First, because the unusually severe neurasthenic symptoms, amounting almost to a decided melancholia, seemed to be entirely due to the patient's anemic condition, and second, because of the prompt and progressive improvement, with increase in weight, when commenced almost immediately after the institution of systematic treatment with Hemaboloids, although the various tonics and alteratives continuously administered during the first four months in hospital failed to be of any service.

M. T., age 40, female, white, married, housewife.

Family history—Father was a soldier in the War of Rebellion; received some injury about the head, from which he suffered temporary periods of insanity, lasting from a few days to a week. At such times he was irrational and sometimes violent; died in the insane asylum at the age of 70. Previous to the war he was perfectly well.

Mother died of cancer of the intestine at the age of 65. Previous, good health with the exception of an occasional derangement of digestion.

One brother and one sister living, in good health. One brother and one sister dead.

Personal history—Patient had ordinary diseases of childhood, with complete recovery from each. Never had a serious illness. Menstruation at 16, painless and regular. Married at 33. Three children. No miscarriages. Labor in each childbirth normal.

Present trouble—Patient complains of palpitation of heart dizziness and loss of appetite, with periods of depression and worry over trivial household affairs. Three months after delivery, she sought medical advice and was admitted to the Union State Hospital, February 11, 1900.

Physical examination—Height, 5 feet, 4 inches; weight 79 pounds. Anemic, wasted, dilated pupils and dry, cold skin. Lungs normal.

Pulse rapid soft, compressible. Systolic murmur in second interspace. Hemic murmur in right side of neck over jugular vein. Spleen enlarged. Liver normal.

Tongue coated, pale, flabby. Bowels sluggish and constipated. Patient refused all food and attendant was compelled to feed by force.

Patient is also troubled with insomnia bodily enfeeblement and numerous disagreeable sensations. Reflexes exaggerated. Gait normal. Station unstable. Eyes normal. Urine clear. Specific gravity 1008. Reaction acid. Albumen present in small amount. Sugar none. Urea, 8-10 per cent.

Blood examination—Color index low. Hemoglobin, 60 per cent. Red cells, 2,500,000. White cells, 14,000.

Diagnosis—Neurasthenia, due to anemia.

Treatment—Rest in bed. Massage. Electricity. Liquid diet. Patient fed every three hours. Arsenious acid; 1/10 of iron, quinine and strychnine. No improvement.

Hemaboloids one-half ounce in half glass of milk three times a day was commenced June 20th.

June 20—Weight 80 pounds; Hem., 60 per cent.; number of red B. cells, 2,800,000; number of white B. cells, 12,000; medication, Hem., Z ss tid.

July 20—Weight 85 pounds; Hem., 65 per cent.; number of red B. cells, 3,000,000; number of white B. cells, 10,000; medication, Hem. Z i tid.

August 25—Weight, 94 1/2 pounds; Hem., 70 per cent.; number of red B. cells, 3,200,000; number of white B. cells, 9,500; medication, Hem., Z i tid.

Patient continued to gain in weight, strength and general well-being; the nervous symptoms cleared up entirely, and on September 30 she was discharged, perfectly well.—Denver Medical Times.

Bleed, Blister, Purge and Poultrice was once the treatment for pneumonia, pleurisy, bronchitis and many other acute febrile diseases. The chief end sought with these measures was to relieve the over-worked heart and the engorged affected organs and tissues.

The principle was good and has never been improved upon, but these measures are primitive and heroic, extreme and severe, and have rightfully been almost relegated to the age in which they were born.

We can relieve the heart and engorged tissues in deep-seated organs just as effectively and without pain or inconvenience yet without debilitating the afflicted, by the intelligent and liberal use of Antiphlogistine in indicated cases—pneumonia, pleurisy, bronchitis or wherever there is engorgement of tissues. Applied warm and thick—the thicker the better—it at once begins to operate through reflex action and through dialysis and the patient is bled into his own superficial capillaries, which process goes on quietly and painlessly, while simultaneously the patient is cognizant of instant and continuous relief and feels its soothing effects while he is gently wooed into peaceful, restful sleep, the need of which is of such vital importance in these diseases which too often result fatally.

"If those who whine would whistle,
And those who languish, laugh.
The rose would route the thistle—
The grain outrun the chaff."

Geo. Eliot says: "It is as useless to fight against the interpretations of ignorance as to whip the fog."

50 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &C.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. Handbook on Patents sent free. Oldest agency for securing patents. Patents taken through Munn & Co. receive special notice, without charge, in the

Scientific American.
A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, \$3 a year; four months, \$1. Sold by all newsdealers.
MUNN & Co. 361 Broadway, New York
Branch Office, 625 F St., Washington, D. C.



F. D. BULLARD

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, FEBRUARY, 1902.

No. 2

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

A PLEA FOR THE MORE CAREFUL REMOVAL OF FOREIGN BODIES FROM THE EXTERNAL AUDITORY CANAL.*

BY THOMAS J. M'COY, M. D., LOS ANGELES

A few years ago I presented a paper before this society on "Foreign Bodies in the Auditory Canal;" since that time having treated several cases of injury to the ear after an attempted removal of a foreign body, I have been impressed that my subject is worthy of your careful consideration, hoping you will pardon a few sentences used at that time.

There seems an over anxiety of the laity, as that of some practitioners, for the prompt removal of non-irritating foreign bodies from the external auditory canal, even if violence has to be resorted to; a seeming lack of sufficient consideration for the delicate structure into which they go and, often an improper, painful and rough mode resorted to for removal, producing destructive injury to the parts, the results even causing death, as a few cases have been reported.

To understand the subject better, let us briefly consider a few facts in the anatomy of the canal; a drawing of which I have made and will pass for your inspection. In adults and

advanced childhood the canal is from an inch to an inch and a quarter in length; extends from the concha to the tympanic membrane and consists of a cartilaginous and osseous portion. These two parts are of different length; the cartilaginous about half and the osseous three-fourths of an inch, and extends not in a straight line; but together form at their place of union an obtuse angle opening forward and upward. It forms an oval cylindrical canal, the greatest diameter being in the vertical direction at the external orifice, but in the transverse at the tympanic and, besides the angular curvature, the cartilaginous is rendered extremely movable by two or three deep fissures. The osseous has some irregular elevations which are not necessary to mention; but I wish to impress that the canal is narrower near its center. That most foreign bodies introduced stop here, especially this is as far as children usually push them, and they do not go as far as the drum membrane. In infancy the canal is almost

composed of soft tissues and the drum membrane lies a little below the surrounding surface.

Since the days of Shakespeare (see Hamlet) there seems a popular idea prevalent that foreign bodies in the ear or poisons poured into it are extremely dangerous and must be removed without delay. They must be hunted out like a wild beast, and if unsuccessful with mild, forcible and operative measures, must be resorted to. As I have already said, children do not usually push a foreign body in far enough to do harm, or if dropped in they do not; but it is the meddlesome interference of parents, friends and sometimes incom-

petent practitioners, who force them down to and sometimes through the drum membrane. Politzer reports the case in whom he found a slate pencil one-fourth inch long, which according to the patient, aged seventy years, had lain there for fifty years. As no inconvenience was experienced he allowed it to remain until deafness, caused by a ceruminous plug, forced him to seek medical aid.

Lucae removed with a ceruminous plug, a cherry stone which had been in the ear forty years. A similar case reported by Zanzibar in 1881 had remained forty-two years.

Reim has described a case in whom a

Barr observed a case in whom a pea lay for two years in the ear without causing pain or inflammation. Roosa reported a case of Weden, who removed a button from the ear which had remained in the juncture of the osseous and cartilaginous canal of a boy of seventeen. It had remained there twelve years without doing harm.

Dalby reports a case in whom a slate pencil had been in thirty years; in another in whom a pebble had for fifty years. Buck reports a case of a glass bead of large size, which had remained in the canal twelve years without doing the slightest damage that he could detect. In June, 1895, Rev. R. consulted me regarding deafness in his right ear, which had been coming on gradually for several weeks. He had lost the hearing in the left thirty years ago, and was afraid the right was going the same way. Examination proved it to be impacted cerumen. The removal produced normal hearing. Examining the left I found it impacted also. After three visits I was able to remove the cerumen, with considerable difficulty, with my Pomeroy's syringe, and found as a nucleus a wad of cotton. Patient remembered having had earache, one night in camp during the Civil War, and placed a piece of cotton in the ear and thought it was out. It had lodged about midway, and the cerumen gathered around and acted only as a mechanical obstruction to the wave sounds. The hearing was almost normal afterward.

Miss M., age eighteen, from Needles, Cal., came to me March 7, last, claiming while asleep in open air there, the summer before, something crawled into her ear which made her frantic until her mother poured the ear



No. 1.

full of olive oil. Feeling nothing, they thought it came out then. March 5 a leg of something like a spider came. On examination I found a spider and removed it with delicate forceps. It measured three-fourths of an inch from tip of one to the other leg. The whole thing was well covered with wax, presenting a crystallized appearance.

Do not understand that I underrate the prompt removal of foreign bodies, and I am quite aware of the annoyance and evil results of such at times, but I do insist, that the majority can be left alone till a competent person can be sought, and the proper instrument used for the removal, and even then, harmful results do occur from the most skilled and conscientious removal by instruments. My old teacher, Dr. Roosa, reports a case of a little child, according to her own statement, put a shoe button in her ear, made of papier mache. The nurse reported it to the family physician, who saw the button and attempted to remove it under chloroform, using a small elevator. He stated he removed half of it, the other half could not be found. In a few days the child, being weak from the anesthetic and operation, Dr. Roosa was called in consultation. After examination the membrane tympanum was found to be gone. There was considerable swelling of the canal, however, the button could not be seen by either. Another surgeon was called in and he was not able to find any foreign body and the child was under treatment for years for a chronic suppuration of the middle ear, the membrane and ossicles being gone, and having been irretrievably injured.

Buck reports seven cases where unskilled and unduly violent efforts have been made, before coming to him, of bloody discharge from the ear and tenderness in the region of it. One

case he found a pebble lying partly in the meatus, and partly in the middle ear; the drum membrane had been partly lacerated by the efforts previously made to remove it. In another, the bony surface of the canal had been laid bare; another, the external orifice was found to be in such a swollen condition that the diameter of the foreign body beyond must have been at least twice as large as the canal through which it passed, also a case where the auricle had to be detached to get out a locust bean, which had been jammed through the drum of a boy of nine years by a lady guest, with a hair-pin, and a gentleman also visiting them used a crochet hook.

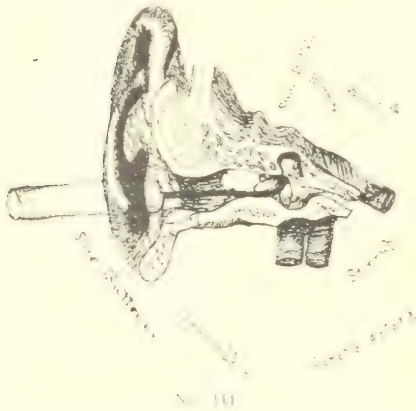


No. 11.

February 1, 1897, a child aged four years was brought to us by the family physician. The same morning the child had introduced into the ear a grain of unparched popcorn. The doctor saw it and had made several unsuccessful attempts at the removal under chloroform by instruments. After cleansing the canal of blood there was found a slight laceration of the wall and the grain was found imbedded in the tympanum, as you can see in this drawing No. 2. Dr. Rogers and I each attempted the removal by the syringe. Not being successful, Dr. Rogers succeeded in dislodging it with a wire loop and then syringed it out.

In May, 1892, while I was on the medical staff of the Manhattan Eye and Ear Hospital, a child was presented with a shoe button in the ear, and a shoe-buttoner lodged behind it, being slipped there in hopes of getting it out. Neither could be removed by the physician who brought the child and they were wedged against the drum. This third drawing will illustrate the case to you. After etherizing, Dr. Roosa, before the post-graduate class, removed the button with a delicate hook, then the buttoner came easily.

August 9, 1899, L. H.H., conductor on



the S. P. from Tuscon, Arizona, came to me with the following history: Two days before while sleeping in open air a large black bug flew into his ear. He became so frantic it took three men to hold him, until chloroformed, when an attempt was made to dislodge it; but failing, he was referred to me. I found the canal completely closed from edema, with a bloody discharge exuding. Introducing probe one-fourth inch gently—met an obstruction. I decided it best to allow the swelling to subside rather than operate. At the end of two weeks I succeeded in getting out the last of the bug, which I had removed

piece by piece—during this time, without very much pain to patient.

There is, at times, annoyance, suffering and complicated danger experienced by foreign bodies in the canal; but the unskilled and indiscrete attempts at removal are often more dangerous than the foreign body itself. Ordinarily, foreign bodies in the canal are easily removed if properly done. Remember, always, when a person applies for an examination of a supposed foreign body in the ear, to be sure you see it.

To facilitate this, use the ear speculum and head mirror. Do not trust to the diagnosis of others, but see it yourself before an attempted removal, as the tactile examination is deceptive. The click of a probe on what is supposed to be a foreign body is often on the bony canal and is misleading. In numerous instances foreign bodies, even insects, have been believed to be in, when there was nothing, and visa versa. However, a patient's statement cannot be entirely ignored, since a substance which has entered may remain hidden from the eye. If the foreign body becomes wedged in between the drum membrane and the anterior wall of the canal, from changing its position or being forced in, causing pain and inflammation, the sooner it is removed the better, because the serious intercurrent inflammation of either meatus or the middle ear might be seriously complicated by the presence of it in the canal. If impacted, the outer portion may become swollen and render the extraction more difficult. Here, as in other delicate surgery, it is of great importance to determine the location, size and character of the foreign body, to determine the modus operandi in the extraction. In the great majority of cases, if the foreign body is not so large as to entirely fill the canal and is not impacted, the syringe with

warm water as the mode of removal stands "par excellence." The one used in many of the ear hospitals and in private work and seems the best in many ways, is the Pomroy, or one shaped similar, which I pass for your inspection to avoid description. With this the less experienced ear surgeon can do no harm and it can be used with safety, if the nozzle is not introduced too far, even if the patient resists. Other syringes can be used, even the fountain or continuous bulb. If not wedged in too firmly, foreign matter may be quite easily removed by properly syringing.

If insects of any kind get into the ear the best treatment is to at once fill the canal with a bland oil, as olive, castor or linseed, which drowns and converts them into a non-irritating foreign body which can afterwards be syringed out or removed by forceps.

To be acquainted with the rough methods formerly used, yes, and sometimes today, by instruments of all kinds, which produced pain and danger to the patient, a proper appreciation is possible of the improvement in the modern treatment of these cases. It is very seldom that the substance is so situated and large as to fill the canal entirely.

There is usually space left somewhere between the foreign body and the walls through which the injected fluid can push the mass into another position from which it can be carried

out with the current from behind, or even a direct force may dislodge it. I have on three occasions removed foreign bodies in this way where failure has been made with instruments under full anesthesia. Therefore I believe, and have the best authority for so speaking, that the syringe should be tried first in all cases. Next in efficacy is the small hook. Dr. Knapp adds his testimony to the nearly unanimous general statement of the experienced aural surgeons, that he does not remember a single case in which he failed to remove a foreign body by a syringe or the hook. He uses mostly a flexible silver hook, the concave surface is hollowed out and roughened, which makes it less liable to slip. Then comes the wire loop or cigarette forceps. In case of substance, like dried peas or beans, which may swell to twice their natural size in water, it is important to remove them at once with instruments, if the syringe does not dislodge them.

Of the numerous hooks, forceps, perforators, drills and picks that have been devised by surgeons and instrument makers with more ingenuity than wisdom, for the removal of foreign bodies I will not speak, because I believe the vast majority are superfluous and dangerous to use, also if detachment of the auricle has to be made or instruments used, surely the experienced auricle surgeon should perform it.

Bryson Building.

REPORT OF TWO CASES OF CATARACT WITH THE USUAL COMPLICATIONS.

BY GEO. S. HILL, M. D., PASADENA, CAL.

Case I. Glaucoma following optic neuritis in left eye. Cataract of twenty years standing in right.

Mr. C. H., aged 62, who was under the treatment of a physician in a neigh-

boring city for an optic neuritis of the left eye, came to me in an emergency for relief from persistent, burning pain in the eye and head, which had set in suddenly during the night and

which so disabled him that he could not make the journey to consult his regular physician. Examination showed that an attack of acute glaucoma had supervened. The pupil was widely dilated; the tension very high, and the conjunctiva congested to the extent of chemosis. There was total loss of vision. No view of the fundus could be obtained through the densely cloudy media. Reporting the condition to his physician at once, by telephone, he stated that the optic neuritis had been very severe, the head of the nerve, at his last examination, being much swollen and introducing a considerable distance forward; also that there were numerous and severe hemorrhages from the retinal vessels. He had been giving him large doses of potassium iodid, and had the eye under atropia. There was no increase in tension at his last visit.

An operation for iridectomy was discussed, but not deemed advisable, mainly on account of the severe, complicating neuritis. Eserin contracted the pupil readily, but a faithful continuance in its use brought no favorable result. The severe pain could not be abated by any local treatment, and it was necessary to resort to opiates. Galvanism seemed, at first, to afford some relief to the pain, but its use was soon abandoned. Finally the man became so much exhausted from the uncontrollable pain that it was found necessary to enucleate the eye. By this time there were symptoms of irritation in the other eye, which was blind from cataract, although still quite sensitive to light. The operation was done under cocaine and afforded immediate relief. In ~~other~~ other enucleations, in which ether was deemed unsafe, the writer has resorted to local anesthesia with but little discomfort to the patients; the operation is necessarily slower, but the assistance of the patient in moving the eye makes it more satis-

factory and contributes to a better result.

After the patient had recovered his usual strength, the question which naturally arose was, What can be done for the other eye? The cataract which rendered it useless dated back twenty years. The lens was uniformly a light slate color, and tilted backward at its upper margin. The pupil was quite sensitive to light, and the iris very tremulous. With the ophthalmoscope a very small portion of the upper, anterior part of the eyeground could be seen, and, apparently, was normal. In passing the hand before him down and to the right, he could see a shadow moving there. Against operating was not only the tilted, loose lens, but the fact that he had not had any use of the eye for twenty years, and then, before the cataract had disabled it, there had been previous "nerve disease" which had been under prolonged treatment. In favor of operating were the facts that the pupil responded to light, and that a part of the periphery of the retina was sensitive enough to recognize the movement of the hand; also, that the tension was normal.

It was finally decided to perform the operation, and it must be confessed that the reasons were mostly based upon the fact that the patient demanded it, preferring to become entirely blind rather than to be in the aggravating state of being able to detect variations in light and yet having no useful vision. The eye was thoroughly cocaineized, and, in order to add to the precautions against his moving it during the operation, the speculum was inserted and the different stages of the operation gone through with in a sort of pantomime; especially was he trained to close the lids gently on removing the speculum. The operation selected was a modified one, the cut being placed as nearly as possible in the corneal scleral junction. As the knife emerged from the superior mar-

gin of the cornea, it was turned in, making a small conjunctival flap. A broad iridectomy was made and the capsule carefully opened. Immediately, on the slightest pressure, there came from the wound a shapeless mass of gelatinous material; the remains of the degenerated lens. The pupil at once became clear, but shortly filled up with blood. As no vitreous had escaped, and as no lens matter seemed to be retained, it was deemed best not to attempt to remove the blood, except from the edges of the wound, but to trust to its absorption. After the operation the eye did very well for twenty-four hours, then a slight amount of pain manifested itself and atropia was used before any decided iritic symptoms became evident. After this the eye gave no further annoyance. As light was gradually admitted into the room he could readily notice variations in it through the bandages; and when they were finally removed the pupil was found to be entirely free from obstruction. At first he said he could see nothing but light, but as the days passed he began to outline large objects, and then to distinguish colors. By the fourth week, with a lens of plus 9D. his vision came to 6-100; with the same glass in a few days it rose to 6-40. At the end of six weeks with a plus 5D. plus 2D. Cyl. Ax. 165° he easily attained 6-8. At this time reading lenses were given him and he was able to read with comfort ordinary newspaper print. In a few weeks he was ready to take up his usual business pursuit.

It is interesting to note that in this eye there was loss of vision for twenty years following symptoms which were then thought to be of nerve origin, and yet which, after a long rest, evidently recovered sufficiently to enable him to see almost perfectly after the removal of the opaque and degenerated lens, while in

the other eye there was the beginning of an apparently similar, to him, trouble but which went on to severe neuritis, and was marked by great swelling of the nerve head and severe hemorrhages, and, finally, terminated in an attack of acute glaucoma. How much the use of atropia, in the treatment of the neuritis, had to do with the glaucomatous attack I will not attempt to figure out.

Case II. Severe hemorrhage from Iris during cataract operation. Mr. S. A., aged 70. Well matured cataract of right eye. Operation at Pasadena Hospital, assisted by Dr. Geo. E. Abbott. After careful asepsis, the eye was put under a four per cent. solution of cocain, four instillations being made five minutes apart. The operation selected was the modified flap; the knife being entered at the corneal margin and the cut made directly upward keeping in the margin without making a conjunctival flap. The iridectomy was not a large one, but it was followed by profuse and continued hemorrhage, sufficient blood being exuded to run down the cheek of the patient. The hemorrhage was without pain. The speculum was removed, the lid closed and light pressure and cold applied. After a time the eye was inspected and it was found that the hemorrhage had ceased. On attempting to remove the clot, in order to open the capsule, the bleeding recurred and there was another delay. Successive attempts were made with similar results. Finally the cystitome was introduced through the blood-clot, which completely filled the anterior chamber, and an attempt made to open the capsule without being able to see any part of it. On trying to deliver the lens it could not be brought forward, the clot being very firm. An attempt was now made to remove the clot by introducing a small forceps, but the result was a fresh and profuse hemorrhage. Next

a needle was used and a free opening made along the superior margin of the lens; but firm pressure, as firm as justifiable, failed to dislodge the lens. After waiting a time again for the hemorrhage to cease, the capsule forceps was introduced through the clot and an attempt made to tear out a portion of the capsule. Pressure on the lower part of the cornea, exercised patiently, brought no result. As several hours had now elapsed and there was no betterment in the hemorrhage, it seemed imperative that the wire loop be introduced and the lens removed in this way, but the uncertainty if its position, owing to previous manipulations, and the presence and pressure of the large clot weighed too heavily against the plan. The eye was rested again to allow the new hemorrhage to cease, and then it was determined to remove slowly sufficient vitreous to enable us to see just a portion of the lens and then use a small, sharp hook. After slow and patient work the upper margin of the lens was seen and it was found to be tilted backward. By means of the hook, the upper part of the lens was caught and brought forward, and then, while firm pressure was used, the hook was suddenly imbedded in the lens and it was brought into the wound. When half delivered, the pressure was slightly let up on the now very much depressed cornea until the anterior chamber could fill with blood, and then the delivery was easily accomplished. It was not deemed wise to remove any blood from the anterior chamber, or any portion of lens matter remaining, as the eye having withstood the long continued and severe manipulations without loss of vitreous, the operator was thankful to be able to approximate the edges of the wound and close the operation.

It was found, when the operation was concluded, that the patient had been on the table more than three

hours since the opening of the anterior chamber. During the last half hour, on account of the gathering darkness, it was necessary to make use of an electric lamp and focusing lens. Three drops of a four-grain solution of atropin were instilled into the eye, and this repeated in a few minutes; then the bandages were put on, using moderately firm pressure. The patient did not complain of pain in the eye, but very much of soreness of the shoulders and hips from his being upon the operating table so long. He was given $\frac{1}{4}$ grain of morphine and 1-150 grain of atropin to insure rest during the night. In the morning the eye felt comfortable, and during the following seven days did as well as any ordinary operation. He left the hospital at the end of the week, going to his home. After having been home a few days he caught a cold which brought on some iritic pains. The atropia, which had been discontinued three or four days before was resumed and the pain and redness of the eye slowly subsided. At the end of the fifth week a preliminary test was made and the vision with plus 11D. came to 6-20. As the eye was still irritable it was thought best not to give him his correction to wear yet; but as another week passed without any change in the condition of the eye the correction was put on with the result that the irritation lessened at once and soon entirely subsided. The advice of the books is, often, that the correction should not be given until all irritation has subsided, but in this case, as in many others, I believe the irritation will subside the sooner with a correction put on. About two weeks later reestimation brought the vision up to 6-15 with plus 10.50D. plus .50D. Ax. 90 with plus 14D. plus 50 Ax. 90 he could read fine print.

Had the operation been among my first ones, of years ago, I should have some hesitation in reporting it—it

some inevitable. In let a contract operation sustain three things: (1) I was fully aware that every time I introduced an instrument into the eye, I was lessening the chance of a favorable result, and that the longer the flag was left upon the lens, the greater of harm; (2) I was also fully aware that the use of the lamp would terminate the operation at any time, so that at the removal of the lens was continued, but never having been completed, it brought to the use and having no more any beneficial results; I had witnessed from its use in the hands of others; I kept getting off, meeting to it—fortunately, I think, at the present time.

SYMPTOMS OF EYE STRAIN

As early as 1709 Antoine-Martin Linné gives a good description of the complaint which he termed *grippe*. From Linnaeus' influence the epidemic spreading from strand to the west.

In a monograph on this subject, recently read before the Soc. Acad. Sci.

vertigo as the more pronounced symptoms.

Sichel, who invented a cataract knife which still bears his name, added in 1837 to the then recorded symptoms, insomnia, as arising from excessive use of the eyes, but fails to state what use of our visual organs might be considered excessive.

Kitchner in 1824 says of people who require glasses for reading, but neglect to use them, "Their head aches, their eyes ache and every bit of 'em aches."

Piorry in 1830 wrote his opinion that certain nervous disturbances had their origin in the eye, the ear or some branches of the fifth nerve, and later in 1850 he described a form of migraine arising from irritation of the iris or retina, caused by excessive use of the eyes and coins a name for it.

The discovery or invention of the ophthalmoscope by Helmholtz in 1851, and the demonstration of hypermetropia by Donders helped to clear away some of the uncertainty connected with these pathological conditions, and the foundation thus laid became the basis of Von Graefe's admirable monograph, "Role of Ocular Muscles in Producing Fatigue of the Eyes;" although both Von Graefe and Donders enumerated the symptoms very much as their predecessors had given them.

Stellwag in 1868 concludes his masterly description of accommodative asthenopia in these words: "After the sense of exhaustion has begun, if the work is continued, confusion of vision, swimming of objects before the eyes with a feeling of pressure, fullness and tension in the forehead increasing to actual pain in and over the eyes, soon accompanied by a very painful feeling of dazzling; finally headache, dizziness, universal malaise and even nausea occur."

Anstie, in 1872, says, "Functional abuse of the eye is a very powerful

source of irritation, tending to induce neuralgia," and notes that he was relieved from neuralgia by desisting from the use of his eyes in reading.

Stevens, in 1876, formulated the general principle of sympathetic or reflex nervous irritation from eye-strain, and shortly afterward presented it in the form of this proposition:

"Difficulties attending the functions of accommodation and adjusting the eyes in the act of vision, or irritation arising from the nerves, involved in these processes, are the most prolific sources of nervous disturbances, and more frequently than other conditions constitute a neuropathic tendency."

After this date the writers on the subject of eye strain become so numerous that it is needless to specify individual writers who have added new symptoms, new pathology, new theories and different propositions which shall stand or fall, as all other new things presented to the profession, as they are proven or disproven by the experience of the present or future.

We may say then that for the past twenty-five years nervous reflex irritation from disturbances in the function of the visual apparatus has been recognized by the profession at large as the causative factor in many cases of persistent headache, and accepted by a slowly growing number of medical men as sometimes the cause, always aggravating many of the pains, troubles and complaints so generally included under the descriptive adjective neurasthenic or grouped as representing nerve exhaustion.

Some symptoms of eye-strain point so directly to the eyes that it is scarcely possible to refer them to any other organ, and when these are accompanied with the complaint that the eyes refuse to do their accustomed labor without weariness or pain, and that vision is indistinct, these or-

gans are usually credited with making the greater part of the trouble, but it is not to this class of cases that I wish to call attention rather to that very large class in which the manifest symptoms refer to the eyes in a vague or indirect way.

A very considerable number of patients consult the doctor for relief from a large variety of symptoms which the specialist has learned are quite commonly caused by eye-strain, and these patients usually are able to say when asked, "Do your eyes trouble you?" "Oh, no; my sight is perfect." This expression is often caused by ignorance of what normal vision consists, the universal opinion of the laity being that good sight always means normal eyes, and many with what they supposed to be good eyes are greatly astonished to find their vision under a rigid and careful test to be but one-half or two-thirds of normal. And in this connection I recall the case of a patient sent me by a worthy member of our profession who concluded his letter of introduction with these words: "Mr. ——— has come to the conclusion that something is wrong with his eyes, but I have examined them carefully and his sight is perfect."

The statement that the majority of all chronic or recurrent headaches are due to eye-strain, and that headaches due, may be in part only to other causes, are kept up and aggravated by this factor has been made so often and by so many among the leaders of our profession, that even the laity are beginning to know it. But there are other symptoms which are so frequently the cause of a patient's visit to the family physician that I desire attention directed to them.

Pain at the back of the neck, often called pain at the base of the brain, sometimes described as a tension which is partially relieved by holding the chin well up with neck drawn into the shoulders. This is frequently

more marked on one side than the other and sometimes radiates down the back, even around the body, more often on the right side, nearly to the sternum. Patients do not always think of these symptoms when describing their complaints nor do they see the relation between them and the eyes, yet when questioned usually admit that they are all made worse by use of the eyes, especially at the theatre, traveling in the cars or close work by artificial light. Nearly one-half the cases presenting themselves to the oculist show this symptom and in the absence of marked neurosis it might be considered almost pathognomonic of eye-strain and it is rare indeed that they fail to disappear after proper treatment of the eyes and adjustment of glasses.

A partial list of the symptoms of eye-strain recognized at the present, consists of mental confusion, supra-orbital pain, pain in the temples, occipital pain, pain over the origin of trapezius muscle, pain in the vertex, pain within the orbit, sick headache, blind headache, general headache, migraine, facial neuralgia, dorso lumbar neuralgia, pain over the extremity of the spinous process of 7th cervical vertebrae, at lower angle of scapula, between angles of scapula, and lower portion of dorsal region, at the turn of the shoulders and along course of triceps muscle and in upper part of chest, cephalalgia, general malaise, spinal irritation, general irritability, chorea, vertigo, disturbances of digestion, impaired nutrition.

To the symptoms of eye-strain already enumerated I wish to add one more which so far as I can discover has scarcely been mentioned in the many articles heretofore published, although it seems impossible that it should have escaped notice; probably it has been noticed but its importance

overlooked for so long it seems the most constant and invariable indication of abnormal muscular effort in the visual act, being present even when no other symptom calls attention to the condition under consideration.

It would be difficult to establish an age at which children contract the integument of the forehead, forming perpendicular wrinkles above the root of the nose; for very young babies are quite adept at showing sensation in this manner, but the transverse wrinkles crossing the forehead in a curved line of more or less irregularity, parallel in a general way to the outline of the eyebrows, are not formed until the use of the eyes has brought the ocular muscles into activity and proven by such use that coördinate action is impossible with normal effort. Gray says: "These wrinkles seldom appear before the sixth year and sometimes not until the eleventh year;" in other words the wrinkles do not appear until the use of the eyes has demonstrated the requirement of especial effort of either the ciliary muscles in accommodation or the recti muscles in convergence. These wrinkles frequently dip down on the temples toward the zygoma and are often more numerous, more curved, and deeper on one side than the other, usually an indication of a difference in the refraction of the two eyes.

These wrinkles are formed by contractions of the frontal portion of the occipito-frontalis muscle which underlies the integument and is intimately connected to it. This muscle consists of a broad musculo-fibrous layer which covers the whole of one side of the vertex of the skull from the occiput to the eyebrow and is made up of two parts separated by an intervening tendinous aponeurosis. The frontal portion is thin and of a quadrilateral form, it is broader, its fibres are

longer and their structure paler than the occipital portion, its internal fibres are continuous with the pyramidalis nasi; its middle fibres become blended with the corrugator superciliaris and its outer fibres are also blended with the latter muscle over the external angular process. Some anatomists give the nasal bone as the attachment of the innermost fibres and the external angular process of the frontal bone as the attachment of the outer fibres.

From their attachments the fibres are directed upward and join the aponeurosis below the coronal suture. The inner margins of the frontal portions of the two muscles are joined together for some distance above the root of the nose; but between the occipital portions there is a variable interval which is occupied by the aponeurosis. The aponeurosis (galea capitis) covers the upper part of the vertex of the skull, being continuous in the middle line with the aponeurosis of the opposite muscle. Behind it is attached in the interval between the occipital origins, to the occipital protuberance and superior curved lines above the attachment of the trapezius; in front it forms a short angular prolongation between the frontal portions and on each side it has connected with it the attollens and attrahens aurem muscles; in this situation it loses its aponeurotic character, and is continued over the temporal fascia to the zygoma as a layer of laminated areolar tissue. It is closely connected to the integument by a dense fibro-cellular tissue; it is loosely connected to the pericranium by a quantity of loose cellular tissue which allows a considerable degree of movement of the integument.

The frontal portion of the occipito-frontalis muscle is supplied by the facial nerve and its action is to raise the eyebrows and the skin over the

root of the nose, and at the same time to draw the scalp forward, throwing the integument of the forehead into transverse wrinkles.

When we consider the intimate relation existing between the facial nerve as distributed to the occipitofrontalis muscle and the fifth nerve, branches from the latter joining its filaments, and the connection through the ciliary ganglion with the third nerve, it becomes easy to trace the transverse wrinkles in the forehead back to the cause of their formation, i. e., strain of the intra- and extra-ocular muscles.

I do not mean to say that all persons with transverse wrinkles in the integument of the forehead need treatment or glasses, but I do maintain that when the possessor of these transverse wrinkles presents himself to a physician with symptoms of nervous reflex irritation, eye-strain will invariably be found to exist and the correction of this will do more toward relieving the symptoms than any line of treatment which ignores the eyes.

Le Conte in one of his numerous writings says: "Thoughtful attention of the emergencies of the object looked at seems to be a necessary condition of the emergencies of the higher faculties of the mind, concentration of thought on the object thought of is a necessary condition of effective thought work and it is probably due in no small degree to the special development of the human eye with its fovea that we owe the development

of the higher faculties of our mind. For without this highly developed area of the retina it would be impossible to give thoughtful attention to an object looked at to the exclusion of other objects; for to an eye without a fovea all objects in focus within the field of vision are equally distinct and it follows as self evident that the more highly developed and complex an organ is, the greater the disturbance of its function from abnormal proportion or overwork.

It is not to be supposed that the same degree, or even variety, of nervous irritation should react in the same manner in different individuals.

Brown-Sequard's experiments in tickling showed that one subject laughs, another cries, another shows contortions of the limbs and another tetanic convulsions of the muscles, but reflex nervous irritation from eye strain frequently does show similar characteristics in the same family, although more frequently similar refractive errors even of similar character and degree may manifest themselves in one member as neuralgia, another as chorea, while the third may have no discomfort to complain of.

The author of this paper makes no attempt to show that these conditions are causative factors in any general disease, but it is his firm belief that all and every pathological condition may be and usually is aggravated by the nervous irritations arising from eye-strain.

REDUCTION OF NASAL OBSTRUCTION WITH LONDON PASTE.*

BY A. C. ROGERS, M.D., LOS ANGELES.

Mr. President and Members:

I am requested to read you a short paper on the local use of an agent of considerable value in the reduction of

some forms of nasal obstruction. This agent is not adapted to all cases and I do not wish to be understood that it can, or will, displace in practice our

*Read at the semi-annual meeting of the Southern California Medical Society, December 4, 1901.

old and established and reliable methods. I may just mention as a clinical observation that some of the nasal obstructions are so firm that only the saw, the curved knife, the drill and the cold snare, or the galvano-cautery in knife or loop are suitable agents for their removable, and I shall never consider this or any other chemical agent as suited for their ablation. There remains, however, a much larger class in numbers for which chemical agents are suitable and best. Well formed polypi are the only exceptions in all this large class of obstructions, and for their removal no method is equal to the cold snare, and no method is so well adapted to their prompt and complete removal.

The usual chemical agents employed in the destruction of hypertrophic tumors of the nose are as follows: Nitric acid, chromic acid, trichloroacetic acid and London paste. It is to the last one on the list that I call attention. It is more easily managed than nitric or chromic acid, and more energetic than trichloroacetic.

More than ten years ago I made a close clinical comparison between the four agents mentioned, and at the end of two years concluded that the paste had advantage over all others in the treatment of this class of nasal obstructions especially seen in children and young persons.

I keep the acids at hand in my office, but find by practice and experience that I select the paste for the most of such cases, that I see there. The method of use is much as follows: The patient is seated under a proper light and the tumor exposed, the surface brushed over with an eight per cent. solution of cocaine; then have the chin depressed and the body thrown forward. In this position the surplus cocaine flows toward the anterior nares, not into the larynx and stomach, as it will do if the body is

not thrown forward. A good anesthesia is secured by three or four repetitions of the cocaine during the space of fifteen minutes, and I usually find the enlargement is ready for the paste.

The paste comes in a powder, half a dram of which is placed on a glass or porcelain surface and moistened with enough saturated solution of boric acid to render the agent about the consistency of thick paint. With a light projected on the enlargement, the agent is then spread on about the thickness of paper, and over an area of from the size of a dime to that of a quarter. Some loose cotton is then inserted in the nose. If violent sneezing follows, the patient is requested to recline for ten minutes, holding the ends of the fingers firmly on the upper lip below the nose. This position and pressure seem to control the reflex more promptly than to allow the air to enter the nose freely, and the patient to maintain an upright position. The nose is again inspected after about ten minutes have elapsed, and it will be found that a dark, sunken surface has taken the place of the white elevation you saw ten minutes before. This in turn is covered with some protective like zinc ointment, and a plug of cotton to remain until the patient reaches home. On the following day considerable swelling will have taken place in the nose and it should be carefully cleansed each day until a firm crust is established. This crust may be removed as soon as its edges can be loosened, but will re-form each day. In two or three weeks, the tumor will be found shrunken and the paste can be re-applied if necessary to reduce the tumor to a level with the normal tissue.

I present this method for your consideration today, believing you will find it a valuable agent in numerous cases where there is nasal obstruction in children and young persons, who

have not an advanced degree of firmness and which will yield to the attack of a chemical agent.

The power of London paste depends on its rapid affinity for the water it finds in the tissue and its safety is also enhanced by the fact that when it has absorbed a definite amount of water, its chemical action ceases, causing it to be self-limiting, and not producing so deep a slough as may be noticed in the action of nitric acid and the galvano-cautery.

In comparison with chromic acid, I find it more convenient of applica-

tion and free of toxic action, though I must confess I have never seen such marked toxic effect as authors mention.

I present this subject at the request of some of my medical friends who have used the agent and believe it to be of considerable value. I may also recommend its advantage to the general practitioner, as it calls for no elaborate instruments, a head mirror, nose specula, and an applicator being all the armamentarium necessary in its successful application.

Bryson Block.

PROPHYLAXIS OF TUBERCULOSIS AND THE ISOLATION OF CONSUMPTIVES BY PROF. B. FRAENKEL OF BERLIN— BERLINER KLINISCHE WOCHENSCHRIFT, SEPT. 1901, NO. 38.

TRANSLATED FOR THE SOUTHERN CALIFORNIA PRACTITIONER BY W. JARVIS BARLOW,
A.B., M.D., OF LOS ANGELES.

"The founding of special hospitals for Consumptives and the better use of the present existing hospitals for the housing of the consumptives, I would consider the most important measures in the fight against Tuberculosis."

R. KOCH.

(Lecture given in the British Tubercular Congress.)

It is a remarkable fact that in regard to the important lecture held by R. Koch in the first session of the British Tubercular Congress, the public mind was—during the congress—as well as afterwards—almost exclusively directed to one point, viz, to the question, whether or not bovine tuberculosis can be transferred to man. He who frequently attends congresses, becomes on his return home accustomed to the question: "What has come of it?" The public, the medical as well as the general, expects that at a congress any new discovery will be made known. If this is done, however, as for instance in London by Koch's communication about bovine tuberculosis, there arise such unusual results, that one

must question himself whether a congress is indeed a well chosen opportunity to give discoveries to the public, or it is not only Koch's authoritative personality, but also the place where he made his communications that has directed the general attention of the world to this question. If Koch's communication had been published in a scientific magazine, his experiments would have been repeated and his observations and conclusions either confirmed or denied. Thus at the congress, a planned opposition was started and the matter was given the appearance of a party question. Now I mistake in no manner the significance of the question about the relations of bovine to human tuberculosis. But I would consider the same as much more important from the standpoint of pathology than from that of the practical prophylaxis. Thus far morphological differences between the human and bovine tubercle bacillus have

not been determined. Neither the French knew nor did I, that in the family differences could be observed in the process of cultivating them. We are, therefore, confronted by the most remarkable fact, that the same bacillus produces tuberculosis in man and "permanent" cattle and that the tubercle bacillus cannot be transferred to cattle nor apparently, on the other hand, the bovine tubercle bacillus to men. But either can be transferred to guinea pigs and produce tuberculosis in the guinea pigs. These things exercise upon the whole bacteriology and anatomy a deep significance. The tuberculosis, especially, viz., the changes produced by the tubercle bacillus, which heretofore had been considered as a unity, is now split into different families. Under these circumstances it is also permissible to separate etiologically lupus from tuberculosis. These two diseased processes are clinically entirely different. Tuberculous tumors of the skin look different from lupus, and lupus of the mucous membrane has a different appearance and a different course from tuberculosis of the membrane. If, therefore, no differences have been found thus far between the bacillus of lupus and that of tuberculosis, it is now permissible, from the analogy of the bovine and human tuberculosis, to assume such and also to bacteriologically separate the clinically different

LUPUS NOT TUBERCULOSIS.

diseases of lupus and tuberculosis. But in regard to the practical importance of prophylaxis which has provoked so much opposition against Koch's statements, I do not consider the same as being of such an important nature. In my treatise on tuberculosis in Gerard's manual of children's diseases, which I wrote at a time when the tubercle bacillus was not known and when, though probable, it had not yet been proved that tuberculosis was an in-

fectious disease, I expressed the opinion that tuberculosis cannot be transferred through the milk of tubercular cattle. As a reason for it, I have stated that never in my life have I observed that several children of one family became ill at the same time with tuberculosis, which would be necessary if the same milk-can were the cause of it.

Of course it occurred not infrequently that the children of one family were attacked by tuberculosis one after another, but never at the same time. Even if, however, Koch's opinion, that bovine tuberculosis can not be transferred to men, proved to be correct, as Baumgarten's communications in No. 45 of this weekly likewise makes probable, our relation to the food would be but little changed. For the milk, even if tuberculosis is left out of the question, should for the future be boiled, and, though the meat control might relax somewhat, raw meat of tuberculous cattle would at all times be excluded from human food. Neither do I believe that the quarantine against tuberculous cattle

COWS INFECT EACH OTHER.

would be lessened, because the animals infect one another in the stables by coughing. With regard to the domestic animals, therefore, the importation of tuberculous animals should also at all times be prohibited. I could not help explaining the position which I take towards the question of the bovine tuberculosis, because I would like to point the more emphatically to other assertions of Koch in London. The headlines preceding this article, as the motto indicates, Koch considers as the most important measure to isolate the tuberculosis as much as possible. In the general meeting of the German Central Committee (held last year) on the 13th of December, 1900, for the erection of hospitals for consumptives I have expressed the

same idea. Koch's lecture in London has for a title, if translated in German: "The fight against tuberculosis with regard to the experiences which have been made in the successful fight against other contagious diseases." If I understand the intention correctly, which guided Koch here, he wanted to say: "Do not pay any attention to secondary matters, nor care any more about the milk, but rather spend in the fight against tuberculosis your whole energy and your money to the most efficient means for the prevention of tuberculosis, viz: to the isolation of the consumptives." Thus far I have not noticed that my assertions on this subject have had any practical result and I am afraid that Koch's voice also will be lost in the noise which has arisen about the question of bovine tuberculosis. I therefore take once more the time and words to warmly recommend the isolation of the consumptives.

What causes me and apparently Koch also to make this demand, is the spread of tuberculosis through little drops coughed out by consumptives which is now no longer to be doubted. My lecture on Prophylaxis of Tuberculosis, held in the Charity Society, experienced a decided opposition in the Berlin medical association, just on account of the drop infection. I believe, however that now the drop infection cannot longer be denied. Koch, too, believes in the same. Now, it is far remote from me, and it would actually be a crime, if one would in any manner lessen the measures of prevention, which have been introduced for the destruction of expectoration. The belief rather gains in weight that the spread of tuberculosis results principally from the little drops.

INFECTION BY INVISIBLE DROPS.

When consumptives cough, even when they clear their throats or talk, invisible little drops which may carry infectious

tubercle bacilli, get into the air and may be inhaled by persons near the patients. I have proved this coughing of drops by placing gauze, which had been worn by consumptives as a protecting mask, in the abdominal cavity of guinea pigs, whereby I produced tuberculosis. It was also produced, when I chose such pieces of gauze in which the eye was unable to detect anything unclean. In Fluegge's institute at Breslau the experiments in regard to drop infection have been continued in a praiseworthy manner, as is shown by his "Further communications about the spread of and the fight against phthisis." Whoever reads these communications, must at least be convinced of the possibility of the spread of tuberculosis by little drops. By Fluegge and his disciples it has been proved again experimentally, that not a small number of consumptives, mostly of the advanced stages, though some also in the beginning, spray forth, while coughing, a more or less large number of little drops with live bacilli. In a quiet atmosphere these little drops are spread as far as one meter from the consumptive and sometimes float in the air half an hour after the cough. They may, when inhaled, get into the finest bronchi. It follows from these remarks that living in the proximity of consumptives carries with it a danger of infection, to which especially the family, the fellow workman and the nurses of the consumptives expose themselves. As far as my experiences go, the sleeping with consumptives, when the beds are close to each other, is particularly dangerous. If now we ask ourselves, what can and must be done in order to remove the danger of the spread of consumption by the coughing of drops, I am to this day of the opinion that the protecting mask proposed by me would be most suited to lessen the same. But I mis-

take not that the protecting mask has not been adopted, and, as I believe, from prejudice. Especially I had expected that the fellow workman would insist on their coughing comrades wearing protecting masks. But this is not done, not even, for instance, in tailor shops, where several tailors are seated and working together with consumptives on the same table. Also in sleeping rooms, where one bed stands close to the other, it is always tolerated, that consumptives, without protecting masks sleep among the healthy. According to investigations by B. Heymann at Fluegge's institute the number of bacilli getting into the air is reduced one-half by holding a handkerchief over the mouth. Trials with my protecting mask have not been made

CONSUMPTIVES SHOULD HOLD
HANDKERCHIEVES OVER

THEIR MOUTHS.

by him. If a consumptive, while coughing, holds a handkerchief over his mouth and keeps himself at arm's length away from his surroundings, then the danger of drop infection is, according to Fluegge, much lessened. But this is a demand which, however plain it sounds, is seldom carried out. A working consumptive, for instance, has no chance to hold a handkerchief over his mouth while coughing, and at night time this is done by no consumptive. Some days ago a refined woman called on me during my office hours, who had been in a hospital for over a year. She did not only cough at me during the laryngoscopic examination but also during the usual conversation, from the closest proximity and quite unconcerned. When I asked her if she had been allowed in the hospital to cough thus, she answered me: "O, when coughing, I always hold a handkerchief over my mouth." I got the impression that the vigorous coughing spells which she had, came to her almost unconsciously. Al-

though such a high degree of carelessness seldom occurs, yet daily observation shows, that the consumptives, in spite of all warnings, have when coughing very little regard for their fellowmen. But even if he could succeed in bringing into general use for the consumptives according to Heymann's proposition, paper handkerchiefs in easily-reached pockets, which whenever consumptives cough, they hold over their mouth and burn up at least once a day, then the danger of drop infection would, though lessened, yet not be removed. Some years ago I made a somewhat superficial trial, in order to see if I could not succeed in preventing a transfer of tuberculosis through the air, by carefully catching the sputum and removing the same. In a large room of my department at the Charité, which is now deserted, there were a number of consumptives, certainly of the most severe kind because nearly all of them had, not only extensive lung tuberculosis, but also tuberculosis of the larynx. The room in itself was without reproach, because it was roomy and had windows on two sides. I then kept in this room, in a wire cage, guinea pigs which previously had been proven non-tuberculous through tuberculin injections. The same were well fed and kept clean. But the larger part of them were attacked by lung tuberculosis, and tubercle bacilli were shown to be in the little knots. At that time attention had not yet been directed to the drop infection, but all the patients expectorated into glasses whereby it was, as much as possible prevented that sputum fell on the floor. This trial shows that the destruction of the sputum is not sufficient. I do not doubt, if one would make similar experiments (for which I have at this time no opportunity) and would besides make the patients hold a handkerchief over their mouths when cough-

ing, that the same would again be positive. If one once considers the drop infection as proven, it results, that the surest means for the prevention of infection to recognize the necessity of isolation of the consumptives. When I wrote my treatise on prophylaxis, I tried to delay this measure by the proposition of my protecting mask. The mask did not, as stated, become introduced, the holding of a handkerchief over the mouth is not sufficient, therefore nothing is left but to take refuge to the radical means of isolation.

ISOLATION A NECESSITY.

Against this demand the contention cannot be made that infection is not enough to produce tuberculosis, but that rather a disposition for it also must exist; that the tuberculosis could therefore have unhesitatingly free intercourse with the non-disposed. With the word "disposition" we conceal our ignorance of the actual conditions which primarily cause the appearances. We suppose that some one is disposed to tuberculosis, when he is attacked by it, and non-disposed when he remains free from it. Only the circumstance that some people are not at-

tacked by tuberculosis although they have had the opportunity of being affected, causes us to make the hypothesis of this disposition. But in the given case, even by the closest examination before the sickness we cannot state whether disposition to tuberculosis exists or not. The enormous number of cases of consumption shows, however, that the disposition must be very far spread. The more I busy myself with the subject, the more I am convinced, that the isolation of the consumptives represents that best prophylactic measure promising the surest success. But I mistake in no way that it is not easy to carry out. The great obstacle is the large number of consumptives. But certainly nobody thinks of isolating all the consumptives at once. In the first place we have to procure acknowledgement for this prophylactic measure. When the physicians are convinced that the isolation of the consumptives is to be worked for in the interest of the healthy, then public opinion will accept the proposition and the governments will try to give it a practical following.

(To Be Continued.)

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

EDITED BY ROSE TALBOTT BULLARD, M.D., LOS ANGELES.

THREE DANGEROUS OPERATIONS (Amer. Jour. Obs., May, 1901.) —Dr. John B. Deaver so designates repair of a lacerated cervix, dilatation, and curettement and protests against their indiscriminate use and abuse. In the absence of special indications, a lacerated cervix had better be left alone; if, however, it is extensive enough to permit gaping of the edges and consequent exposure of the cervi-

cal mucous membrane to injury, or if the scar tissue is hard and in excessive amount, or if these conditions give rise to subinvolution or marked reflex symptoms, then operation is necessary. If in addition there is an hereditary tendency toward malignancy we have the strongest of indications. But as pressing as these are, we are not justified in instituting operative interference

in the presence of pelvic inflammatory processes or their results. Under these circumstances, abdominal section to correct the intra-abdominal trouble should follow immediately the repairing of the cervix. If then cicatricial tissue involve the supravaginal cervix, it may be necessary to make a high amputation of the cervix with freeing of the bladder and rectum; if in such a case there is an hereditary tendency to malignancy, vaginal hysterectomy may be the more rational procedure. In the presence of endometritis great care must be exercised to prepare the endometrium, if possible, prior to the narrowing of the cervical canal, to insure adequate drainage.

These operations may convert a latent salpingitis into an active one either by introduction of sepsis through instruments or intra-uterine douching, or the extension from an infected uterine cavity, or by the breaking up of peri-uterine adhesions, liberating septic foci which have been imprisoned. The tenaculum should only be used to steady the uterus and not to make traction. Washing out the uterus, except in septic conditions, and plugging the uterine cavity with gauze, are vicious practices tending to excite inflammation in the Fallopian tubes.

Curettement calls for great delicacy of touch and the rigid observance of aseptic and antiseptic details. The indications are for the correction of acute and chronic septic conditions. In the acute form, which is a post-puerperal infection as a rule, we curette to remove retained foreign matter—uterine perforation is here the great danger. In chronic endometritis, the persistence of the disease and the constant danger of tubal or lymphatic infection, and peritonitis, make curettement an operation of wisdom in many cases.

We should have in mind the possibility of lighting up a latent sepsis. If the discharge shows the presence of gonococci, it is positively contraindicated, being certain that such a procedure will most probably excite an active gonorrhea, which shows marked tendencies to spreading and tubal involvement. Flexions of the uterus combined with endometritis, in the absence of adhesion, indicate dilatation followed by curettement. Dilatation offers a fruitful field for the surgeon as it is devoid of cutting and appeals to the patient. If it were not so dangerous and inefficient he would sanction and perform it more. Slow dilatation offers no advantages over devulsion and is attended by greater risk of sepsis. Dilatation in the physician's office is especially to be condemned. Divulsion is at best an unsatisfactory measure for stenosis of the cervix and it is often necessary to repeat it several times before relief is afforded. After the first operation we have the rigid scar tissue in addition to the stenosis and here it is comparatively easy to lacerate the cervix. Frequently relief is not experienced at the first menstrual period following dilatation; so that we should not be too hasty in repeating the measure, but wait until the evidence of failure is positive. Dilatation for the correction of flexions must be classed among the surgical failures. The recognition of one condition—an infantile uterus in a woman suffering from dysmenorrhea—should demonstrate the futility of attempting to restore a cervical canal by dilatation in an organ which is congenitally defective, as the source of the trouble is the result of the abnormality of the uterus itself or in conjunction with its adnexa.

In the discussion of the paper, Dr. E. E. Montgomery favored the laminaria tent for dilatation and for exploration

in case of cancer or fibroid growth of the uterine cavity as it facilitated the introduction of the finger, a procedure more satisfactory in making diagnosis than the microscopical examination of uterine scrapings. He believed very little in hereditary tendencies to cancer.

Dr. B. C. Hirst thought that there was not the slightest risk in the intra-uterine douche given properly. Had also had very satisfactory experience with microscopical examinations of the endometrium. He does not favor primary operation on lacerations of the cervix, but makes routine examinations, and if two weeks post-partum there still remains conditions which will be likely to give trouble in the future, he thinks best if the surroundings are favorable, to repair the cervix at that time before the woman's puerperal convalescence is complete.

Dr. J. G. Clark expressed his satisfaction in microscopical examination of uterine scrapings in competent hands as an aid in diagnosis. He agreed as to the gravity and danger of resorting to these operations indiscriminately. He laid special stress on the careful study of cases when there was suspicion of carcinoma; upon the dangers of curettage where there was a gonorrheal history and against curetting in a general way without a very careful diagnosis of the case. When students are called upon to make a diagnosis in case of laceration of the cervix, if you have not laid special stress on the inadvisability of operating, eight out of ten will say the case should be operated upon. If in the country at large the tendency is to take this view a good deal of unnecessary work is being done.

Dr. John H. Girvin said symptoms were often not relieved by dilatation because the technique was not properly carried out and not enough time used in the operation. The difficulty and importance of securing a proper specimen for microscopic diagnosis should also be emphasized.

Dr. J. C. Da Costa hoped the general practitioner would read and profit by Dr. Deaver's paper. The operations seem so easy they are done too frequently. A good many trachelorrhaphies are done when amputation of the cervix should be done. He has found that packing the uterus with sterile gauze after dilatation not only drains but stimulates it to contraction. Then, too, the gauze takes up in its meshes any little fragments which may not have gotten out. As to washing out the uterus he saw no reason why it should not be washed as any open wound. He reported a case of sharp antelexion in which he dilated and curetted. Two or three months afterward the patient had gained 25 or 30 pounds, menstruation was full and painless and in fourteen months she was delivered of a big girl. This was only one of several cases.

Dr. Deaver in closing said he was a strong believer in heredity in carcinoma and emphasized the importance of early and positive interference in any suspicious condition in a woman whose mother or grandmother had died of uterine cancer. He believes there is an element of danger in routine douching after an ordinary dilatation and curettement. As to diagnostic value of curettage, with all due regard to what had been said he believed more fully in the trained clinical observation in making a diagnosis.

DEPARTMENT OF NERVOUS AND MENTAL DISEASES.

ABSTRACT OF RECENT LITERATURE BY JOS. H. MCBRIDE, M.D., LOS ANGELES, CAL.

V. Fragstein (Deutsche Med. Moth. No. 17, 1901.) reports a case in which douloureux involving all the branches of the right fifth was the only sign of talos for a year and a half.

THE CREMASTER REFLEX ACTION IN SCIATICA.—Dr. G. A. Gibson in the Edinburgh Medical Journal for May, 1901, calls attention to the exaggeration of the reflex in sciatica. He says he has found it present in the more serious forms of the disease and also in the ordinary neuralgic forms.

The reflex can be elicited by stroking the inner side of the thigh or by pressure over the lower and inner portion of Scarpas triangle. He finds this reflex more marked in some cases where the knee-jerk is exaggerated and also when the latter is normal.

The efferent segments of the reflex are in the internal cutaneous branch of the anterior crural nerve which arises from the second, third and fourth lumbar segments. The efferent track is the genito-crural nerve which has its origin in the first and second lumbar segments. The cremaster reflex is in the second lumbar. The great sciatic has its origin in the lumbar sacral cord and 1st, 2nd and 3rd sacral segments.

It would seem that the segments above the back of the lumbar sacral cord are in a condition of irritability.

ABSCCESS OF THE BRAIN DUE TO DISEASE OF THE MIDDLE EAR.—Hammerschlag of Vienna gives a valuable summary of signs and symptoms of brain abscess from ear disease. Abscess from this cause occurs most frequently in early and middle life. It is important to note that the dangerous period of life in connection with chronic middle ear

disease is passed before the majority of individuals apply for life insurance.

In Hammerschlag's investigations cerebral abscess complicated chronic suppuration 149 times, acute suppuration 37 times, so that in 25 per cent. of the cases, abscess of the tempro-sphenoidal lobe was due to acute suppuration otites. Of the acute cases of suppuration producing abscess 62 per cent. proved fatal while 52 per cent. of those arising from chronic suppuration proved fatal. The author claims there is no characteristic temperature line in this condition. In some cases the temperature is normal, in others subnormal, in others there is a rise. The fever is sometimes due to meningitis or sinus phlebitis. In 170 cases temperature was normal in 46, elevated in 106—Subnormal in 18. An important point in his investigations is that in more than half the cases of uncomplicated brain abscess the temperature was raised. Rigors were not frequent.

Aphasia occurred 53 times in 96 cases of tempo-sphenoidal abscess.

Concerning prognosis, 180 cases are sufficiently definite in history as to warrant conclusion. In 106 in which the brain was explored through the squamous temporal, 37.7 per cent. recovered. Of 64 explored through the mastoid region, 48 per cent. recovered. Of ten cases explored through the tegmen antri and through the squamous temporal, 8 recovered.

COMPOUND COMMUNUTED FRACTURE OF SKULL CEREBRAL ABSCCESS, OPERATION AND RECOVERY. --Dr. G. W. Spencer of Philadelphia reports a case of a boy of 14 who sustained fracture in the right fronto-parietal region. Next day, after pieces of bone had been removed, had signs of cerebral disturbance. Soon had paresis of left arm and epileptiform con-

vulsions—and extra-dural abscess was evacuated with slight improvement, but later had subnormal temperature, pulse 56, left hemi-plegia and dilatation of pupil on injured side. An abscess in the brain substance was found in right motor region and evacuated. Patient had convulsions and was partially unconscious for several days, but finally recovered.—*American Medicine*, Dec. 7, 1901.

DIVISION OF THE SENSORY ROOT OF THE TRIGEMINUS FOR TIC DOULOUREUX.—Drs W. G. Spilla and C. H. Frazer report a case successfully operated on. The intention was only to divide the sensory root but the motor root seems also to have been cut. Experiments performed on dogs by the authors show, however, that the sensory root can be divided without injuring the motor root. If this is done in man where operation is necessary the pain of tic douloureux may be relieved without paralyzing the muscles by mastication and by having gasserian ganglion intact reduce the danger of the eye complications. The authors conclude that this operation—

First—Will be attended with lower mortality.

Second—Its execution is simple.

Third—The integrity of the cavernous sinus is never endangered.

Fourth—The sixth nerve is never injured.—*Am. Medicine*, Dec. 14, 1901.

TEN CASES OF INFECTIOUS MULTIPLE NEURITIS.—Dr. E. A. Jones of Minneapolis, reported this series of cases as coming under his personal observation. As the cases all occurred at or nearly the same time and when influenza was epidemic the doctor considers that the influenza bacillus was the cause of the neuritis. Two of the ten cases died but there was no autopsy.

Dr. Patrick in discussing the paper said that one must assume that these ten people had vulnerable nervous systems and that the influenza bacillus attacked these structures more easily.

The doctor holds that neuritis is not a proper term for this form of disease though a very convenient term and justified by usage. He holds that the process is a poisoning and not an inflammation. He would consider Landry's paralysis and myasthenia gravis as toxic paralysis.

Dr. Jones said that he believed the more profound infection by this type was probably associated with involvement of the central nerve structures.—*Journal American Medical Association*, Dec. 7, 1901.

THE TREATMENT OF TABES BY EDUCATIONAL EXERCISE.—J. W. Rhein calls attention to the fact that tabetics sometimes lose the sense of perception of fatigue so that no amount of muscular exercise tires them. In the educational exercises this must be remembered or the patient may be harmed rather than benefited.

According to Fränkel's method there must be, 1st, simple muscular movement, 2nd, simple coördinated muscular movements, 3rd, complicated coördinated muscular movements.

One movement is for the patient to lie in bed and go through walking movements and then repeat this while sitting in a chair. All movements should be done to counting as this helps to fix the attention.

The patients walk on straight lines, later curved lines, spiral lines, etc. The patient is required to raise the leg as high as possible, flex the knee and then extend the leg and bring the foot down in front of the other and so on. Walking—the patient stands on one foot and touches objects with the other foot. He rises slowly from

his chair without assistance from his hands and then reseats himself—walks over blocks of wood, goes up and down

stairs, etc. The exercises should be done two or three times daily.—Therapeutic Gazette, Dec. 15, 1901.

DEPARTMENT GENITO-URINARY AND SKIN DISEASES.

EDITED BY RALPH WILLIAMS, M.D., LOS ANGELES.

DIAGNOSIS OF PROSTATIC DISEASE.—Louis E. Schmitt, of Chicago, in *Medicine*, November, 1901, in an article entitled "The Importance of Exact Diagnosis in Certain Operative Prostatic Diseases," gives a good outline of the conditions confronting the genito-urinary surgeon, and more especially the exactness required in the Bottini operation. He shows also the necessity of localizing the particular location and nature of the prostatic obstruction, and to determine if the enlargement is: 1st, in the prostatic urethra; 2nd, about the internal urethral orifice, and thirdly, the formation of prostatic tumors within the cavity of the bladder.

These conditions may be differentiated by various means, and for the Bottini operation can and must be accurately measured to determine the location and length of the groove to be burned, and realizing that the operation to be successful must thoroughly drain the bladder by the obstruction being entirely sewerred, and to locate as far as possible the exact nature of this obstruction, he places great reliance on the use of the cystoscope, without which the Bottini operation becomes almost entirely guess work, and with which in competent hands should become, in suitable cases if intelligently done, a permanent relief.

RENAL TENSION.—In the same journal in an abstract from the *London Lancet* of August, 1901, in which Mr. Reginald Harrison has an article upon the "Treatment of

Renal Tension by Surgical Means," in which he refers to the fact that in 1896 he had drawn attention to the relief of patients suffering from albumuria and other renal symptoms had completely recovered when an exploratory excision had been made for stone or other removable causes, and attributing the recovery to the relief of tension and congestion, and a better circulation in the organ.

In his new article he cites six cases, one of scarlatinal nephritis, one from exposure to cold, one subacute following influenza and a fourth complicated by an injury. All these had albumen in the urine; other two not specified in abstract. Relative to the types of cases of nephritis following scarlet fever, Mr. Harrison divides them into three varieties. The first, the common type with fever-rash, and and desquamation, and in the urine you find blood, blood-clots and epithelium. This does not require surgical attention and will usually terminate favorably in a few weeks.

The second group begins as the former but does not progress as favorably—the albumen and casts do not disappear and the disease becomes stationary or gets worse; and ultimately furnishes a large proportion of the cases of Bright's disease. The third group he calls the Malignant Type of scarlatinal nephritis, inflammation going on to suppression of urine, uraemia, coma and convulsions and death.

The last two groups are the ones so favorably influenced by surgical relief of tension. After exposing the or-

gan, split it along the convex border juncture, if necessary, at points of greatest congestion—avoid entering the pelvis, and keep drainage tube in from one to three weeks. He prefers the incision parallel with and a little lower than the 12th rib, has never seen a permanent urinary fistula—either organ may be operated—both are aided by the operation.

VENEREAL STATISTICS.—In the *Therapeutic Gazette*, November, 1901, Dr. H. M. Christian reports the statistics for the genito-urinary and venereal clinic of the University of Pennsylvania for the year ending December 31st, 1900. The total number was 6,587. Of these 4,890 were venereal—1667 genito-urinary. Of the venereal there were gonorrhea, 2,140; chronic posterior urethritis, 449; chronic anterior, 253; stricture, 420; chancroid, 552; chancre, 440; secondary syphilis, 479; tertiary syphilis, 157.

They examine all urethral discharges for the *genococcus*. The most common complication of gonorrhea was epididymitis, which occurred in nine per cent. This in public hospital and clinical work is quite low, as Finger gives 29.9 per cent.; Julien, 15 per cent. From 5 to 14 per cent. of the venereal cases were chancroids, depending on the year. This is a much higher ratio than we have in this city for the same line of work. The extra-genital chancres were only four, two on lip, one on forehead and one on neck.

The average period of incubation of the 440 chancres was from two to three weeks, but one as early as seven days and one as late as eight weeks. The former is doubtful.

The secondary syphilitic lesions were the usual types—some macular—mostly papular, and papulo-squamous of the skin and mucous patches of the

mouth; the pustular rashes not often seen in the time allotted to this stage.

In the tertiary stage, ulcerating gumma of the back and upper third of the leg. The non-ulcerating tubercular syphilide of arms, face and back. Most of these cases had very little or no treatment in earlier stages.

TREATMENT OF GONORRHEA.—

Relative to any advance in the treatment of gonorrhea he says there has been very little in dispensary work, except perhaps personal relief of pain, especially in posterior urethral infections—the treatment of which at present is gratifying—but that the usual discharge from the anterior urethra last, as formerly, about six weeks.

Syphilis he finds of a much milder type than in the past, so much so that it is difficult to get this class of patients to take treatment for any length of time.

His routine treatment for gonorrhea is a mild permanganate potash solution gr.ss. to 8 oz. used several times a day with hand syringe by the patient, after which he uses a second injection of protargol gr. x to 15 oz. After two weeks these are increased and still later the old astringent injections of zinc, bismuth and colorless hydrastis, and with this he always uses copabia and sandal oil. In chronic conditions he uses the sound—about every three days followed by irrigations of silver nitrate 1-10,000. In chronic posterior urethritis, he uses massage of the prostate—silver irrigation or instillations of protargol, 3 per cent.

All chancroids are still cauterized with nitric acid and dressed with powder of iodoform and acetanilid. Sometimes chancres are kept clean and not irritated—washed with 50 per cent. peroxide of hydrogen twice daily and dusting powder boric acid, acetanilid; no constitutional treatment is given until secondary rash appears. He uses the usual method of pills of mercury or Keyes tonic treatment. Later the oxides and the bromides gr. 1-12 t. o. d.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

TENT LIFE FOR THE SICK.

While the profession are, almost as a unit, advising pulmonary cases to live in the open air, or at least in tents, yet there is not enough stress laid upon the fact that in many other diseases the patient would be far better off in a tent than in a house. Take typhoid fever, for instance; if the profession would insist that every patient with typhoid fever should be put in a tent, where God's pure air could surround him in its pristine freshness all the time, there would be a far less per cent. of mortality than there is at present. Not only that, but the danger of infecting others would be reduced to a minimum. The simplest procedures are frequently the ones that are neglected. Here in Los Angeles, and throughout Southern Cali-

fornia, a tent could be put up in the yard of any home in an hour at comparatively little expense. Water could be conveyed to it by a hose, and a portable bath tub could be secured, and then our patient would have an ideal room for fever. Thus the house would be spared from the infectious atmosphere, the patient would be spared the annoyance of the noise of domestic life, and would have an abundance of health giving atmosphere day and night.

Also in chronic cases many delicate children and adults would be far better off if they were to live for a year or two in tents. It is going from the close, warm room into the outdoor air that causes a great majority of colds. If we would go back to more primitive ways of life, and see that a good share

of childhood was spent in canopy houses, we would soon be raising a generation of Spartans.

If the medical profession would start out today advocating tent life they would do more towards eradicating disease in ten years than it is possible for medicine to do in a century.

DEATH OF DR. GUNDRUM.

Dr. Frederick Gundrum died quite suddenly on Sunday night at his home on Hidalgo Place, Riverside. The doctor had long been a sufferer from acute asthma, and had traveled widely in attempting to secure relief from the malady. He had been spending some time of late at Banning, where the high altitude afforded him some relief. Last Monday he went to Los Angeles to attend to some business matters, and remained there until Friday, when he returned home. He contracted a bad case of la grippe in the city, which combined with his other disorders, resulted in his speedy death.

Dr. Gundrum came here with his family about four years ago. He had resided at various places in the State, his last home before coming here being at Sacramento. He also spent some time at Escondido.

Dr. Gundrum leaves a widow, a son and daughter to mourn his loss.

Dr. Gundrum was graduated from Miami Medical College in Cincinnati, Ohio. He settled in Ione, Mich., where he built up an extensive practice, which he was obliged to leave on account of failing health. The doctor was a good general practitioner and surgeon, but excelled in orthopedic surgery.

CUPID'S CHALICE.

The people of Southern California, and especially the medical profession, are proud of the fact that they have within their midst a poet of far more than local reputation.

Dr. F. D. Bullard, who is one of our most prominent physicians, following in the footsteps of Oliver Wendell Holmes and Weir Mitchell, devotes his spare hours to literary labors.

Dr. Bullard was born in Lincoln, Me., December 27, 1860; graduated at Colby College in 1881, and graduated from the medical department of the University of Southern California in 1888. After spending a year abroad in study he returned to Los Angeles, where he immediately took high standing in the profession. He has for over ten years been Professor of Chemistry in his alma mater, and was for several years editor of the Southern California Practitioner in conjunction with his brother-in-law, Dr. H. Bert Ellis. In 1889 he was president of the Los Angeles County Medical Association. He was Secretary of the Southern California Medical Society, and also Secretary of the University Club of Los Angeles. May 3, 1888, Dr. Bullard married Dr. Rose Talbott, and their daughter Helen is now almost ten years old. Dr. Bullard and his wife, Dr. Rose Talbott Bullard, form a rare, happy and congenial combination, and the doctor in the book which lays before us—"Cupid's Chalice"—has the following dedication—"To MY WIFE who Inspired Them I Dedicate These Verses."

Dr. Bullard's first work entitled

"The Apistophilon" was published several years ago and had a very favorable reception, and we have no doubt that this beautiful little volume of poems, his latest effort, will have wide circulation. We wish that we had some knowledge of poetry in order to give this book the review that it deserves, but all we can do is to say that it is full of beautiful thoughts expressed in delightful measure, and here reprint for the benefit of the readers of the Southern California Practitioner the first poem in the work.

"THE SONG OF LOVE."

There is a song as yet unsung

A voice will sing somewhere, some
where.

There is a thought beyond our ken,
There is a tune unknown to tongue
With tones of silvery sweetness hung
That shall enchant the hearts of
men.

Ah, would such thoughts inspired my
pen,

And to that tune my lyre was strung!

But I must be content to plod,

I dare not dream to soar above,

But walk the paths my fathers trod

Thro' dusty plain and shady grove,
And yet my heart gives thanks to God,
Since I may sing the song of Love.

THE FENGER DINNER.

On January 25th the profession of Pasadena and Los Angeles united in extending a complimentary dinner to Dr. Christian Fenger of Chicago at the Hotel Green, Pasadena. The following were at the table: Dr. George E. Abbott, Dr. J. E. Janes, Dr. H. H. Sherk, Dr. Stanley P. Black, Dr. Charles L. King, Dr. James H. McBride, Dr. F. C. E. Mattison, Dr. C. D. Lockwood, Dr. W. H. Roberts, Dr. F.

F. Rowland, Dr. D. B. Van Slyck, Dr. Solon Briggs, Dr. A. R. Chapin, Dr. David Conrad, Dr. George Deacon, Dr. A. Fenyes, Dr. A. A. Libby, Dr. J. M. Radebaugh, Dr. Garrett Newkirk, Dr. Walter Lindley, Dr. George L. Cole, Dr. E. R. Smith, Dr. J. R. Haynes, Dr. W. W. Beckett, Dr. F. C. Shurtleff, Dr. Edward J. Cook, Dr. C. W. Murphy, Dr. O. O. Witherbee, Dr. F. D. Bullard, Dr. H. B. Ellis, Dr. J. T. Stewart, Dr. S. J. Quint, Dr. Norman Bridge, Dr. H. B. Stehman, Dr. Wm. LeMoyné Wills and Dr. Horace M. Starkey.

On the menu card was the following sentiment:

"Tendered by a few members of that profession which—with the world at large—by his labors in science, his loyalty to the truth, and his unselfish life, he has made his everlasting debtor."

At eight o'clock work was begun on a very appetizing menu as follows:

Toke Point Oysters.

Celery.

Sauterne.

Consomme in Cups.

Olives Salted Pecans. Cheese Straws.

Paupiette of Salmon au vin Blanc.

Hot House Cucumbers.

Potatoes Dufour.

Diamond Back Terrapin in Cases,
Belle Vue.

Champagne.

Filet of Beef, Pigue, Champaignons.
Young String Beans.

Potatoes a l'Empereur.

Punch Creme de Menthe.

Breast of Mallard Duck, Barde.

Fried Hominy. Current Jelly.

Asparagus, Sauce Mousseuse.

Diplomatic Pudding, Glacé.

Assorted Cake.

Cigars.

Café Noir.

When we got to black coffee Dr. Stehman rose and introduced Dr. Norman Bridge as toastmaster of the evening. Dr. Bridge was received with great applause, and made a most delightful talk about Dr. Fenger, to which the doctor in his peculiarly hesitating, but at the same time, fascinating manner, responded. Dr. Fenger said that twenty-five years ago he spent some time in Egypt, and since then along the Mediterranean shores, and he gave many reasons why Southern California, with her varied climates, was far superior to any of those places of his earlier acquaintance. The doctor also touched on the fact that California, with all of her good things, was at the same time the natural gateway of the plague on its travels from the Orient, and the people of the eastern part of the United States look to the officials of the Pacific Coast to guard well their portals. Short addresses were made by Drs. Rowland, E. R. Smith, F. C. Shurtleff, H. Bert Ellis, Walter Lindley, J. M. Radebaugh, W. W. Beckett, Claire W. Murphy and J. H. McBride. The response by Dr. McBride was the gem of the evening, and was greatly enjoyed by all. The whole affair was in all respects a delightful success, and Dr. Fenger before the evening was over commanded the respect and love of every guest. Drs. Bridge, Stehman and Black, who were the committee of arrangements, did everything exactly right.

We shall all be glad to again welcome Dr. Fenger to our sunny shores.

DR. BARD AT DEATH'S DOOR.

The serious illness of our dear friend, Dr. Cephas L. Bard, of Ventura, causes inexpressible sadness in the medical profession of Southern California. Dr. George W. Lasher, Dr. W. W. Hitchcock, Dr. F. T. Bicknell and Dr. W. Jarvis Barlow, of Los Angeles, have all been up to Ventura several times and come back without any encouragement in regard to Dr. Bard's case.

The following from the Los Angeles Times will be of general interest to our readers:

VENTURA, Feb. 17. — Dr. C. L. Bard, one of the best-known men of Southern California, is lying at the door of death here. The end is expected any hour, though he may live several days, and, by mere chance, a few weeks.

Dr. Cephas Little Bard was born at Chambersburgh, Franklin county, Pa., April 7, 1843. Inheriting a taste for the study of medicine, nearly all of his maternal ancestors being physicians, and on his paternal side being connected with Drs. John and Samuel Bard, founders of the College of Physicians and Surgeons of New York, he early determined to devote himself to the medical profession. After completing a course of classical studies at the Chambersburgh Academy, he entered the office of Dr. A. H. Senseney, one of Pennsylvania's most talented physicians.

While an office student the reverses of McClellan occurred, and Dr. Bard, yielding to patriotism and responding to the call for volunteers, enlisted as a private in Co. A, One Hundred and Twenty-sixth Pennsylvania Volunteers, and participated in the battles of Sec-

and Bull Run, Antietam, Fredricksburg and Chancellorsville.

After his term of service had expired he attended lectures at the Jefferson Medical College. Again yielding to a sense of patriotism, he, after passing a satisfactory examination and being appointed assistant surgeon of Pennsylvania Volunteers, went to the front, and with his regiment participated in all of the successes and reverses of the Army of the Appomattox until the surrender of Lee at Appomattox.

It is worthy of note that Dr. Samuel Bard was Gen. Washington's physician, and that Col. Robert Parker, Dr. Bard's maternal great grandfather, was a colonel under Washington, and from him received special recognition for gallant services.

FROM STURDY STOCK.

Previous to the Revolution the progenitors of the family to which Dr. Bard belongs came to America and settled in Franklin county, Pennsylvania, when the colony was in its infancy. They were men of character and ability, active in the affairs of the time. The doctor's father, Robert M. Bard, was a native of Chambersburgh, born in 1810, and for many years practiced law in that county, being at the head of the bar; he was a man of talent, a leader, and a candidate for Congress at the time of his death. He married Elizabeth Little, a native of Mercersburg, same State, who was born in 1816, the daughter of Dr. P. W. Little. Their family consisted of two sons and two daughters, the doctor being the third child.

FIRST ON THE SCENE.

After the surrender of Lee, Dr. Bard returned to his old home, where he practiced his profession until 1868, when he removed to Ventura, the first

American physician to locate here, and here he remained.

At the first county election Dr. Bard was nominated for Coroner on both tickets, and of course unanimously elected. This was due to his popularity as a man and a physician and a desire to pay him a compliment, rather than to the importance of the office. At the next general election he was reelected.

Dr. Bard acted for about twenty years as county physician and surgeon. He was president of the Ventura County Pioneer Society from the time it was organized. Then he was president of the Ventura County Medical Society. He was also County Health Officer. He was an active participant in the affairs of the California State Medical Society and was president of this State association for a term. At various times he was a member of the Board of Pension Examiners.

He is a prominent member of the Grand Army of the Republic, the Military Order of the Loyal Legion, the Knights Templar and other fraternal orders. In his religious opinions he is a Presbyterian.

Dr. Bard has an exceedingly large practice, to which he has been devoted.

January 1 the Elizabeth Bard Memorial Hospital was opened to the public. This large institution was built by Dr. Bard and his brother, Senator Thomas R. Bard, as a memorial to their mother, Elizabeth Bard. This hospital is eventually to be given to the city of Ventura.

PROGRESSIVE AND POPULAR.

Dr. Bard has been progressive, taking an unusual interest in the welfare of the community. In all public enterprises he has aided to the best of his ability. If there was a Fourth of July celebration or a street fair to be

held, Dr. Bard could be depended upon as one of the leaders.

Dr. Bard is the most popular man in Ventura county. He is known to every individual in this section, and all regard him as a personal friend. He possesses a phenomenal elastic spirit that never has failed him, and whether at a sick bed or in a social meeting his cheerful spirit has been contagious. The native Californians and the Spanish people hold him in the highest esteem.

In Ventura county there are innumerable children with the name of Cephas, Little or Bard, named after the popular doctor.

RIVERSIDE COUNTY NOTES.

Dr. W. W. Roblee and family sail from New York Feb. 1st on the steamer Spartan. They go direct to Naples.

Dr. Oscar S. Brown of Wildomar has returned from Philadelphia where he has been taking a post-graduate course. For the present he is located at Winslow, Arizona. He is acting surgeon to the Santa Fé Railroad Company at that place.

The Riverside County Medical Society held its annual meeting Jan. 13. The following papers were read and discussed: "Menier's Disease," Dr. H. R. Martin; "Impressions of the Work at Johns Hopkins," Dr. O. J. Kendall; "Report of an Accident Case," Dr. C. J. Gill.

The following resolutions on the death of Dr. Gundrum were adopted by the Society:

Resolved, that we learn with deep regret of the death of Dr. Gundrum, an honored member of this society. His

ability in his profession and his strength of character won him the respect and esteem of all who knew him and the medical fraternity in Southern California suffers a distinct loss in his untimely death.

Resolved, that these resolutions be spread on the minutes of the society and a copy be forwarded to the family of Dr. Gundrum.

It was the sense of the meeting that the physicians should attend the funeral as a society.

Officers for the year 1902 were elected as follows: President, Dr. Louise Harvey Clarke; vice-president, Dr. Samuel Outwater; secretary, Dr. C. W. Girdlestone; board of censors, Drs. King, Baird, Taylor, Maybee and Kendall.

EDITORIAL NOTES.

Dr. Hazlett of San Bernardino, is laid up for repairs owing to a serious fall he had while in Los Angeles.

Dr. Radebaugh, of Pasadena, who has been confined to his bed with a severe cold, is again in the active practice of his profession.

Mrs. C. Ducommon is building a \$30,000.00 frame structure on Grand Avenue, Los Angeles, which she has leased to the Pacific Hospital for ten years at \$300.00 per month.

On the evening of Friday, Jan. 10th, Dr. B. F. Church, the retiring president of the Los Angeles Academy of Medicine, delivered an able address on the progress of medicine and surgery.

Dr. James B. Shaw, the first resident physician of Santa Barbara, died there

after a short illness on Jan. 7th. He was eighty-eight years old and had been at Santa Barbara for fifty-two years.

A hospital to be known as the "Emergency Hospital" is being constructed between Crocker and Towne Ave. near Fifth Street, Los Angeles. Dr. Henry I. Keyes is president and Dr. Harvard Y. McNaught is secretary.

Drs. Ketcham and Hearne, of San Diego, recently spent several days in Los Angeles getting details in regard to the organization and building of a sanatorium in that city. They have already purchased a handsome site for which they paid \$9,000.

Dr. Chas. Anderson, of Montecito, Santa Barbara County, has been honorably discharged from the United States service with the rank of captain. The doctor recently returned from Manila where he had been at work with the troops.

Dr. Arthur A. Libby, one of our brightest young practitioners, after devoting himself to one year's special study in eastern hospitals, has returned and opened an office in the Potomac Bldg., Los Angeles, where he will devote himself to diseases of the eye. The doctor still maintains his residence in Pasadena.

"A Medical Aid Society" has been organized by a promoter in Los Angeles whose object is to furnish treatment for one dollar a month for an entire family. We very much regret to

see some of our young men, for whom we have always had great hope and esteem, risk their money and endanger their reputations by allying themselves with such a movement.

The Orange County Medical Association met in regular monthly session Jan. 7th at the office of Dr. John Wehrly, of Santa Ana, in the Hewey Block. The paper of the evening was by the host and was upon electrical therapeutics. The doctor's talk was illustrated by his new electro-static machine, and was followed by a general discussion on the place of electricity in medical practice.

Dr. Byron Robinson, of Chicago, is a wonderfully industrious man, and seems to have developed a previously unknown field. We have received two charts illustrating the utero-ovarian vascular circle, which is now known entirely by the name of the "Circle of Byron Robinson." All of this work of Dr. Robinson's is very valuable to the profession, and is receiving the recognition it so well deserves from the profession at large.

The Childrens' Hospital of Los Angeles is an accomplished fact, and the noble women who have followed this up to a successful consummation are greatly to be praised. The formal opening took place Tuesday afternoon, Jan. 21st, and there was a steady flow of guests until 10 o'clock that evening. Any person who wishes to place from \$5.00 to \$5000.00 where it will do a great good should not hesitate to correspond with Mrs. Brainerd, the Pres-

ident of the Childrens' Hospital Association.

Dr. Maud A. Mackey who is so well known in Los Angeles, and a graduate of the Medical College here, is still in Pekin, China, doing medical missionary work on the Presbyterian Board. She was one of the missionaries at Paouting Fu Station, and the only one that was providentially spared from the massacre, having gone up to Pekin a few weeks before to continue her studies with better facilities. During the time of the siege she was with the British Embassy and had some thrilling experiences and narrow escapes. She did hospital work during this siege and greatly endeared herself to the many officials.

FINING LOS ANGELES QUACKS.

Dr. L. J. Quint, Deputy Health officer of Los Angeles, has been doing

the community a great service by prosecuting illegal practitioners. As a result of his labors, N. C. Herron, a patent medicine vendor who signed a death certificate, was recently fined \$150.00, and Minnie Wells, whose obese corporosity has long ornamented our streets, was fined \$300.00.

THE POPULATION OF FRANCE.—

The report for the year 1900 shows the unsatisfactory state of the French population. While 827,297 children were born alive, 853,285 were still-born. The striking increase in the number of still-born children in 1899 was supposed to be due to the prevalence of influenza and typhoid fever. The total population last year was 38,517,975. There were during the year 853,285 deaths. The excess of deaths over births of nearly 26,000 causes great alarm. There were 299,085 marriages during 1900.—The Philadelphia Medical Journal.

BOOK REVIEWS.

NOTHNAGLES' CYCLOPEDIA OF MEDICINE.

TYPHOID AND TYPHUS FEVERS. By Dr. H. Curschmann, of Leipsig. Edited, with additions, by William Osler, M. D., Professor of the Principles and Practice of Medicine, Johns Hopkins University. Handsome octavo of 646 pages, illustrated, including a number of valuable temperature charts and two full-page colored plates. Philadelphia and London, W. B. Saunders & Co., 1901. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

Nothnagles' encyclopedia of special pathology and therapeutics has been conceded by many to be without question the best work of medicine in existence. The original German work has come to this country very largely. It is with the greatest pleasure that we find that Messrs. Saunders & Com-

pany have arranged with the publishers to issue an authorized edition of this work in English. For the present a set of some ten or twelve volumes representing the most practical part of this encyclopedia will be published. The volumes will contain the essence of the entire work. It is noteworthy and somewhat unusual to see that the subscriber is not compelled to take the entire system. Physicians will be given the opportunity of subscribing for the entire system at one time if they choose, but any single or any number of volumes may be obtained by those who do not desire the complete series. The present volume "Ty-

phoid and Typhus Fevers," edited with additions by William Osler is of especial value.

The chapter on bacteriology has been thoroughly revised and much new material added, giving prominent consideration to the distribution of the typhoid bacilli, especially in the urine, the nose spots, and the blood.

To the chapter on pathology many minor additions have been made, incorporating the important work of Mallory. The literature on the localized lesions due to the bacillus has been carefully reviewed and made to conform to the most recent advances in that part of the subject. Thayer's exhaustive study of the state of the blood has been utilized and the surgical aspects of typhoid fever have been fully revised with the aid of Keen's monograph.

Much valuable material has been added to the chapter on diagnosis by bacteriological methods, particularly with reference to the recent work in blood-cultures and on the detection of bacilli in the urine.

The chapter on perforation and peritonitis has been practically rewritten, as has also the section on the hepatic complications of typhoid.

Thus it will be seen that the American edition of this valuable work, while still possessing all the commendable qualities of the original German, is greatly enhanced in its field of usefulness by being brought strictly abreast of the latest literature on the subjects, by representative specialists.

AN EXPERIMENTAL AND CLINICAL RESEARCH INTO CERTAIN PROBLEMS RELATING TO SURGICAL OPERATIONS, an essay awarded the Alvarenga Prize for 1901 by the College of Physicians of Philadelphia, by George W. Crile, A.M., M.D., Ph.D., Professor of Clinical Surgery, Medical Department, Western Reserve University; Surgeon to St. Alexis Hospital; Associate Surgeon to Lakeside Hospital, Cleveland. Philadelphia. J. P. Lippincott Company, 1901.

This work, which is founded purely upon original investigation, cannot

be spoken of too highly, as it comes along the lines which lead us into medical and surgical knowledge of the future. The research extends over three years, during which time the results were compared and applied in operative practice. Chapter I is introductory; chapter II gives the Modes of Annotation and Investigation." The third chapter is on "The Effect of Severing and of Mechanically Irritating the Vagi;" chapter IV, "Research Into Effect of Intravenous Infusion of Saline Solution." Chapter V is "On the Physiologic Action of Cocain and Eucaïn," while the concluding chapter is "On the Effect of Temporary Closure of Carotid Arteries." On the use of cocain and eucaïn in chapter V, much attention has been paid to the so-called physiologic "block." By the word "block" is meant such a condition of the nerve that neither afferent nor efferent impulses can pass, the conductivity being as completely interrupted as if the nerve were divided. By this method it would seem from investigations that extensive operations upon the extremities, such as amputations at the shoulder joint, by the local use of cocain injected into the nerve trunk or of eucaïn, which seems to be less toxic, the operation can be done with little or no shock to the patient. To quote "either eucaïn of cocain when injected into the nerve trunk, as above described, prevents the passing of such afferent impulses, thereby preventing effects upon the respiration, the heart or the vasomotor mechanism—i.e., shock." The work comprises exactly 200 pages, is well indexed and beautifully gotten up in every way.

ESSENTIALS OF OBSTETRICS. By Charles Jewett, A.M., M.D., Sc.D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, and Obstetrician and Gynecologist to the Hospital, etc. New (2nd) edition, revised and enlarged. In one 12 mo. volume of 376 pages, with 90 engravings and 5 colored plates. Cloth, \$2.25 net. Lea

Dr. Osler & Co., Publishers, Philadelphia and New York.

The early exhaustion of the first edition of Dr. Jewett's practical and compendious little work is very satisfactory proof of its value and helpfulness. While it is intended for the use of students in aiding them to master the elements of obstetrics, it nevertheless becomes a very convenient little book for the physician for certain little points of quick reference. On page 159 under "Delivery of the Trunk," occurs the following: "Hold METHOD OF EXTRACTING SHOULDERS.

the head well up towards the mother's abdomen and deliver the posterior shoulder by hooking the finger in the axilla and lifting the shoulder over the posterior commissure. Disengage the posterior arm and then release the anterior shoulder. Extract the trunk slowly or leave its expulsion to nature." This is a clear cut description of the extraction of the shoulders and explains fully that mooted point, on which so many books are ambiguous, as to whether the anterior or posterior shoulder shall be released first. It is a good example of the terseness of the work. On page 169 on "the use of ergot at the close of labor," occurs the following sensible statement: "Ergot is useful as a prophylactic, not only against postpartum hemorrhage, but against puerperal infection, since it tends to prevent the formation and retention of blood-clots in the uterus."

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine by William Osler, M. D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Fourth Edition, thoroughly revised, re-written, re-set, enlarged, and brought up to date in all departments. Sold

only by subscription. Price, 1000. Lippincott, Baillière, Trenchard, & Co., Publishers, New York.

This, the fourth edition of this appealing work, finds a welcome place on our table. The volume has been in many ways rewritten: for instance, the article on typhoid fever, while maintaining the general lines of previous editions, has been almost entirely rewritten to make it in accord with the latest investigations. The author says that in the diagnosis of typhoid fever there are several points to note. First, it is the most common of all continued fevers; second, it is extraordinarily variable in its manifestations; third, there is no such hybrid malady as typho-malarial fever; fourth, errors in diagnosis are inevitable even under the most favorable conditions; lastly, he says, let the "cocksure" physician who never makes a mistake read the report of the United States Army Commission on typhoid fever during the Spanish-American war. In regard to the prognosis Dr. Osler says that mortality is very variable, ranging in private practice from five to twelve, and in hospital practice from seven to twenty per cent. The mortality in women is greater than in men. The early involvement of the nervous system is a bad indication, and the low muttering delirium with tremor means a close fight for life. A temperature above 104 degrees may be well borne for many days if the nervous system is not involved. In regard to treatment he says: "The profession was long in learning that typhoid fever is not a disease to be treated mainly with drugs. Careful nursing and a regulated diet are the essentials in a majority of the cases. The patient should be in a well ventilated room (or in summer out-of-doors during the day), strictly confined to bed from the outset and there remain until convalescence is well established." He

devotes considerable space to hydro-pathy, and in speaking of the bath says: "Our rule for some years has been to give a bath at 70 degrees every three hours when the temperature was above 102.5 degrees. The patient remains in the tub for fifteen or twenty minutes, is taken out, wrapped in a dry sheet, and covered with a blanket. While on the tub the limbs and trunk are rubbed thoroughly either with the hand or with a suitable rubber. It is well to give the first one or two baths at a temperature of 80 or 85 degrees. There is no routine temperature. If the bath at 70 degrees is not well taken raise the temperature to 75 or 80 degrees. Contra-indications are peritonitis, hemorrhage, phlebitis, severe abdominal pain and great prostration.

There are many new paragraphs on pneumonia, and in fact there is much that is new on almost every disease. The chapter on pulmonary tuberculosis is very extensive and satisfactory, and that on treatment of special symptoms in this disease is of particular value. In regard to climatic treatment he says: "Of all the dry, warm climates Southern California in this country is the most satisfactory."

DA COSTA. CLINICAL HEMATOLOGY. A Practical Guide to the Examination of the Blood with Reference to Diagnosis. By John C. Da Costa, Jr., M.D., Assistant Demonstrator of Clinical Medicine, Jefferson Medical College; Hematologist to the German Hospital, etc. Containing 8 full-page colored plates, 3 charts and 48 other illustrations. Octavo, 450 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price, \$5.00 net.

This book, designed as a practical guide to the examination of the blood by methods adapted to routine clinical work, represents an endeavor to recount the salient facts of hematology as they are understood at the present time, to correlate certain of these facts with familiar pictures of disease, and to apply them to medical and surgical diagnosis. The purpose has been to

interpret the blood report according to its true value as a clinical sign, neither exploiting it as a panacea for every diagnostic ill, nor belittling it because of its failure consistently to give the sought-for clue in every instance.

The methods of examination likely to prove useful in every-day practice have been described in detail, in the hope of thus simplifying the minutiae of blood-counting, staining, and other means of investigation. In the discussion of the primary anaemias and of the anaemias peculiar to infancy, prominent clinical features other than those referable to the blood, have been briefly mentioned, in order to add clearness to the differential diagnosis. For convenience in reference, the various diseases included in the section on general hematology are arranged alphabetically, rather than grouped according to a traditional classification.

An additional noteworthy feature of Dr. Da Costa's book is its illustrations. Recognizing the importance of correct illustrative work in a book on hematology, the colored plates are made to represent as exactly as possible the subjects as they appear to the eye, and have attained more than the usual amount of success. With the charts and numerous black-and-white reproductions the same care in preparation has been exercised.

The author says: "Pathognomonic blood findings are unfortunately confined to a limited number of diseases; leukemia, the malarial fevers, relapsing fever, and filariasis. Blood examinations are also essential for the diagnosis of chlorosis, Hodgkin's disease, pernicious anemia, splenic anemia and are very valuable in enteric fever, sepsis, pneumonia, appendicitis, diabetes, syphilis, malignant disease, trichiniasis and suppurative processes. The technique of blood examinations, such as described in this work are



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL
HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" France
57-59 PRINCE STREET, NEW YORK

Sold by Leading Druggists Avoid Imitations
Mention this Publication

HERE IT IS IN A NUTSHELL

A **Stimulant** excites vital action, a **Tonic** supports vital action, but a **Food** repairs the waste caused by vital action.

"The body derives its **energy** from the **food** it assimilates. **Fat** contains more energy than any other kind of food."

PROF. WM. H. HOWELL, M.D., PH.D.

*Samples sent to
physicians free
on application*

Hydroleine is a **fatty food** which contains this "energy" in its most nutritious form. It is a pancreatized, palatable emulsion of pure cod-liver oil, completely digested, and capable of absorption and assimilation by the weakest system.

Sold by druggists.

THE CHARLES N. CRITTENTON COMPANY

Sole Agents for the United States

LABORATORY: 115 AND 117 FULTON STREET, NEW YORK

Albumen is Important for the Production of Force and Energy

Alex. Haig, M. D., (Food and Diet)
Physician to Metropolitan
Hospital, London,
writes:

"The first essential of nutrition is the supply to the blood of sufficient albumen to replace that transformed into urea in the production of force.

"If albuminous food is withheld, the excretion of urea is diminished, and with it falls the power of producing force in active exercise.

"Urea-excreted is an exact measure of force produced, and albumen ingested is also an exact measure of the force that can be produced."

THE FIRST ESSENTIALS OF NUTRI-
TION ARE MET IN

ESKAY'S
Albumenized
FOOD

It contains egg-albumen in a form easily digested and assimilated, and affords a maximum amount of nourishment to the system, and with it force and energy.

Samples and clinical reports sent on application to the manufacturers.

SMITH, KLINE & FRENCH CO.
Philadelphia.

neither elaborate or difficult to master. To acquire a good working knowledge of hematology takes but a fraction of the time that one must spend in familiarizing one's self with the most common heart murmurs or chest signs.

"The finger tip or the lobe of the ear is the part usually selected from which to obtain the blood, by puncture, for examination. Having chosen, say the patient's middle or ring finger, the part is first thoroughly cleansed with alcohol or ether and then with water and then wiped dry with a clean lint-free towel. The operator then takes a Hazedrom needle or one of the instruments made for the purpose and makes the puncture just sufficient to cause a free flow of blood in good-sized drops. The needle should strike a point in the center of the flexor surface of the finger just back of the extreme tip." This is a valuable guide to the scientific traveler.

A TEXT-BOOK OF SURGERY, By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the seventh German edition, by Benjamin T. Tilton, M. D., Instructor in Surgery, Cornell University. Edited by Lewis A. Stimson, M.D., Professor of Surgery, Cornell University. Volume I. The Principles of Surgery and Surgical Pathology. With five hundred and sixteen illustrations. New York. D. Appleton and Company, 1901.

Some seven years ago the first English translation of the third German edition of this work was made. Since then four new German editions have been issued. The first translation was accorded a most hearty reception in America. The present translation, because of the necessary alterations and additions, brings the work up to the standard of the present time. The present volume is the first of the three volumes of the complete work. The work is beautifully and extensively illustrated, the present volume having 516 illustrations. The first chapter on "The Preparations for an Aseptic Operation," Chapter II., on "General and Local Anesthesia" is interesting and quite

complete. It is interesting to note that "Rendle estimates the number of people chloroformed yearly in the twenty hospitals in London at 8000 with about three deaths, or, one in 2666. Billroth has his first fatal case after giving chloroform 12,500 times. Mussbaum gave it 15,000 times without a death!" Along the same line the following very truthful statement is made: "The mortality from chloroform as well as from ether is higher than reported as so many fatal cases are kept quiet." On page XIX occurs this statement, which is somewhat in discord with many good authorities: "Ether is also to be preferred to chloroform in cases of disease of the liver and kidney, as the latter is more likely to give rise to serious degeneration of these organs." In Chapter XLVI in speaking of morphine-chloroform narcosis, occurs this statement: "It is possible in this morphine-chloroform narcosis to render the patient insensible to the pain of the operation while the reflexes are retained as well as control of the voluntary muscles, and the patient remains in full possession of his senses. He hears and answers any questions that may be put to him." Under laughing-gas narcosis, which we ordinarily consider absolutely safe, Hankell finds that out of four or five million cases fourteen deaths have been recorded. Chapter V, concluding the present volume, and embracing pages 769 to 829, on tumors, is well worthy of careful consideration.

THE DIAGNOSIS OF NERVOUS AND MENTAL DISEASES. By Howard T. Pershing, M.Sc., M.D. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1901, 223 pp., 8vo. Price, Cloth, \$1.25.

This little volume, by one of the best neurologists in the West, is attractive, and well printed. "The object of this book is to facilitate the recognition of mental and nervous diseases by physicians who are not specialists in neurology." To do this

the author has, besides a general statement of principles, numerous original and comprehensive tables.

A BRIEF MANUAL FOR PRESCRIPTION WRITING in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmaceutical Students. By M. L. Noff. A. M., M. D., Cedar Rapids, Ia. Pages v-152. Size, 8x5½. To be bound. Extra Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

A very useful little book.

THE MEDICAL NEWS POCKET FORMULARY. NEW FIFTH EDITION. Containing

1700 prescriptions representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. New (4th) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, \$1.50, net. Lea Brothers & Co., Philadelphia and New York, 1902.

This is a beautiful and useful little volume and will be of particular value to the young man who is just starting out in practice.

THERAPEUTICAL HINTS.

SODOMY, PEDERASTY AND BESTIALITY.—The term "sodomy" is applied to the unnatural intercourse between man and man; that of "pederasty," when the same is perpetrated between man and boy; and that of "bestiality" when it is committed with an animal or beast. But these distinctions are not recognized in the courts. The charge of "sodomy" would cover any of the above-named offenses, for they are only different forms of crime so aptly styled as "the infamous crime against nature." Hence, "sodomy" may be defined as follows: "The carnal knowledge committed against the order of nature between man and man, or in the same unnatural manner with women, or by man or woman in any

manner with a beast."—Medical Progress, January, 1902.

JUVENAL ON RECTAL TROUBLE AS A RESULT OF PEDERASTY.—From Satir II., vv. 9-13:

* * * And dost thou rate at vice,
Thou who are far the most notorious
sink
Of all the filthy pseudo-Socratists?
Thy bristly limbs, forsooth, and those
stiff hairs
Upon thy arms, suggest a vigorous
mind:
But as the swollen haemorrhoids are
lanced
On thy lax anus, how the surgeon
grins!

—K. W. M., N. Y. Medical Journal

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, MARCH, 1902.

NO. 3

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE }

PROPHYLAXIS OF TUBERCULOSIS AND THE ISOLATION OF CONSUMPTIVES BY PROF. B. FRAENKEL OF BERLIN— BERLINER KLINISCHE WOCHENSCHRIFT, SEPT. 1901, NO. 38.

TRANSLATED FOR THE SOUTHERN CALIFORNIA PRACTITIONER BY W. JARVIS BARLOW,
A.B., M.D., OF LOS ANGELES. (CONCLUDED.)

Much appears difficult only because an attempt is not made where the earnest necessity would conquer the apparently insurmountable obstacles. Every consumptive who keeps himself away from continual intercourse with healthy people, lessens the number of new cases. The introduced and gradually extended isolation will, therefore, in the course of years find the number of consumptives lessened in the same proportion to its progress. In my aforesaid lecture at the general meeting of the Central Committee I have demanded asylums for consumptives. Koch demands special hospitals. I believe, in principle, we mean the same thing and to the name I do not attach any importance. I believe, that, if possible, outside of cities in locations free from dust, rich in trees and protected from wind, buildings or barracks should be erected in which the non-bed-stricken lung cases should be housed and nursed. In

connection there should be a real hospital for the bed-stricken. The same should for the purpose have rooms with few beds in order that the sick should not too often see their fellow-patients die. The patients should have everything as good as possible in such an institute. The arrangements in such an institute must be made so that the reproach (in my opinion unjustifiable) which is now made to the large hospitals, viz., that the consumptives die in them sooner than would be the case outside, is excluded at the beginning. This is an undeniable condition, the execution of which is not subject to any difficulties. The entrance to such an institute should be a voluntary one, because there are no legal regulations by which entrance could be enforced or an inmate of the institute could be compelled to remain in the same. As I have more fully explained in my repeatedly mentioned lecture, the fear

of infecting their families or of ruining them financially, will help the sick who really love their people, to go to such an institute. Now it happens not infrequently that the wish of such patients to leave their families, must remain unsatisfied where for hygienic reasons something actually should be done. This is not done, however, at the present time. Some time ago—I use an example—a trained nurse applied for admission to the Samuel Bleichroeder institute. But her lung trouble was too far advanced so she could not be received. The report, however, which Dr. A. Alexander made to me, developed most startling conditions. The woman—a widow—could not on account of her suffering, apply her vocation any more and had removed again to her parents. Here she lived with her mother and her two children in a low, damp and dark cellar room in the rear of a saloon, which until midnight a noisy and smoking crowd frequented. One of the children suffered also from tuberculosis. If anybody intended to spread tuberculosis, he could hardly have found more favorably conditions for it. That the great hospitals should establish special departments for consumptives, as will be done at the instigation of General Physician Dr. Schaper in the new building of the Charité, is an undeniable necessity which the care for the other patients demands. But the purpose, for which I recommended these institutes, will thereby be attained only in a slight degree. The hospitals are no nursing institutions, for they discharge consumptives as soon as possible. With regard to the costs of such an institute, the hospitals of the City of Berlin—in Blankenfelde and Malchow—may serve as examples. They are no institutes according to my idea. For they send away patients whose lung troubles are too far advanced, and the sick remain in them

on an average only 57.7 to 47.8 days. But these two institutions are destined for consumptives only. Now during the fiscal year 1899 one patient in all ways has cost in Blankenfelde 2.53 marks; in Malchow 3.28 per day. I believe in the institutes the expense will be somewhat less, for the reason that a number of the inmates can be employed. It is also to be taken into consideration, that a large part of these amounts is now paid from public funds for hospital treatment, support, etc. In the question who is to raise the money for the institutes the eye is involuntarily, and first of all directed to the insurance agencies which have a legal basis for the working men. In the fight against tuberculosis they have done so much already that they will also solve this difficult, but health-bringing problem. An important step in this direction is article 25 of the Invalid Insurance Law of July 13, 1899, which permits the insurance agencies, instead of paying invalid stipends, to send the invalids to an institute. Unfortunately, thus far the invalid stipends are not sufficient to cover the costs of caring for consumptives. Therefore, either the stipends must be increased or extra payments made. These insurance agencies would act in their own well-understood interest, by granting the cost, for tuberculosis is the worst enemy of the invalid insurance. The Berlin insurance agency has already commenced to build a home for consumptives. What is still necessary besides the working men's insurance, are steps to be taken by the cities, counties or other communities. A part of the costs will surely be repaid by the patients or their people. Only, before admission, the question should not be asked: Who pays the expense? The proof, that the patient suffers from tuberculosis should—unless open abuse shows itself—be in itself sufficient to open

to him the gates of the institute; but the question, who will pay the expense, should be left to a later consideration. If what I have said, is correct, the question may be raised: Shall now, in view of these conditions, the hospital movement be carried on? I am of the opinion that this question is decidedly to be answered in the affirmative. Koch in his lecture, does not wish to oppose the hospital movement, but he points out, that from the standpoint of the general prophylaxis, they do little good. But now, the hospitals are not thought of as being prophylactic measures, they rather want to cure the individual patient. If, besides, they can contribute anything towards the general prophylaxis, then this is "two birds killed with one stone." Now from the former reports it is difficult to get exact facts about the successes attained in the hospitals. An excellent report on statistics of treatment of the insured, the Imperial Insurance Office, has submitted to the British Tubercular Congress through Geheimrath Bielefeldt. But the successful cures, which are reported by the insurance agencies, are different from the clinical cures. The Invalid Insurance Companies take a successful cure for granted, when at the conclusion of the treatment invalidity is not to be feared as far as one can see. It needs no word to show that this is something different than we physicians talk of cure. From the aforesaid report it appears that of 100 patients treated for lung trouble and afterwards continually controlled, showed the following results:

1. In the year '97 treated:			
1897	1898	1899	1900
61	43	29	28
2. In the year '98 treated:			
	1898	1899	1900
	68	45	40
3. In the year '99 treated:			
	1899		1900
	67		49

The number of the first successful results falls, therefore, quickly in the next three years, and then it seems to become stationary. We may suppose that the 28 from the year 1895, with whom in the year 1900, after four years observation, remain thereafter healthy; certainly invalidity was not to be feared as far as one could judge. Invalid Insurance Companies had in 1900, 11,094 consumptives in treatment. Of these, therefore, presumably about 3100 could be cured. The Imperial Health Office has also reported on the results of "Open air treatment of consumption" through Engelmann. From this work one can see that 2157 patients, in whose expectorations, at the time of their admission to the hospital, tubercle bacilli were present, 1669 or 77.4 per cent. could be discharged as cured or improved. In the institute at Belzig, in which I am much interested, according to the annual report by A. Moeller in 1900, the first year of its existence, 233 patients were received. Of these were discharged 30 (12.9 per cent.) as cured, and 94 (43 per cent.) as much improved. From these figures one can see that the hospital treatment shows relatively favorable results, not only from the calculating standpoint of the insurance agencies, but also from a clinical view. But I am of the opinion, that also for the general prophylaxis the results have considerably more importance than Koch estimates them. If, as he assumes, by the hospitals 4000 consumptives are cured annually, then there will be 40,000 consumptives less in five years. For we may believe, that during this time every consumptive infects at least one healthy person.

If, in a similar manner, we call to our mind the results of the institutes by figures, and if we assume, that 8000 consumptives find admission to such institutes, then 8000 less infections could be expected per annum. This

result, therefore, would cover the results attained in the institutes, with the difference that the institutes, at the same time, had saved the lives of 20,000 people. Supposing there are now in the German Empire 800,000 consumptives and through the hospitals and institutes 80,000 attacks were prevented in five years, then in 1906 there would still be 720,000 consumptives.

If then, again, 80,000 less infections would take place, then this would make one-ninth of the total number. At any rate it follows from these calculations, that with the help of other prophylactic means, the destruction of the sputum, the limitation of the drop infection, the improvement of buildings, etc., it is possible to prevent consumption, though slowly, but surely.

RIGHTS OF CHILDREN—HEREDITARY RIGHT.*

BY GARRETT NEWKIRK, M.D., PASADENA.

There are rights which antedate the separate life of the child. Potentially he has existed in the being of the parents, and has a right to the best heredity they are able to transmit. With intelligent people this should be a matter of thought, education, of duty. Young people approaching a marriageable age should receive instruction from the parent or special teachers, and have a sense of personal responsibility for the physical and moral well-being of their possible and probable descendants. They should be taught definitely the laws of reproductive physiology, and to avoid the horrible pitfalls that have been dug for the feet of the unwary. This is a right of the coming generation, whose parents are supposed to be intelligent.

The education of young people in relation to matters affecting vitally their own well-being and that of their offspring, should be a sacred trust to the parent and teacher, and not left to the hazardous chance of unworthy association. We can hardly touch this important branch of our subject. It is a very large theme by itself. I will dismiss it by saying that the future child has a right to be considered not as a mere incident or accident, but as a potential fact.

PRENATAL LIFE.

Next, as a prenatal existence, the child has a right to the best possible conditions in the life of the mother; strictly good diet, healthful air and exercise, a cheerful state, free from overwork and worry.

Many a child comes into the world under sentence of death or of torture and imprisonment for life, by the violation of the prenatal law. The responsibility is not the mother's alone. It is the duty of all around her to assist in making her life what it should be, healthful, hopeful and unworried.

Examples by the hundred might be cited of children born of good parentage, feeble in body and mind, with weak resistance to disease, ill-favored and ill-natured, or with some distinctly insane tendency, all because of prenatal conditions that might have been avoided.

RIGHT TO A WELCOME.

The child has a right to be received into the world hospitably. It is not by his own volition that he knocks. Others are responsible for his coming, and it is their place to open the door of their hearts, and to give him their most sacred guest chamber. (Kate Douglas Wiggin speaks of those "Who

*Same extracts from *HEREDITARY RIGHTS* the University Medical Club, Los Angeles, Dec., 1911.

come unwelcome and are grudging their being.") Yet the child is a guest who comes by special invitation, without knowledge or the option of refusal on his part. He is entitled to the consideration due a guest, to a gift, a precious possession of inestimable value. He has a right to the time, thought and interest of those who gave him birth, which cannot be set aside or delegated to others. Unless there be special conditions preventing, he has a right to the food provided for him by nature according to the original plan. Neither the cook nor the miller, nor any mechanical laboratory can supply his need so well as the laboratory of flesh and blood made and provided for his own special use. This is my opinion.

I believe further, that not only is the right of the child denied, in many instances, but the health of the mother suffers by violation of this rule of hospitality. If the conditions of modern life make the law inoperative in many cases, the fact is simply discreditable to modern life. There is something wrong about it.

* * *

RIGHT TO A HOME.

In the immediate relation with the foregoing propositions is the one that the child has a right to a home; not merely a place in which to exist, but a home in the true sense.

The one thing most abundant in the universe seems to be space, and it would be a pity if space enough could not be found on the surface of the earth to give each family a place by itself. The word home involves the thought of detachment, of a separate possession, an independent place. It must belong to one family. There must be a sense of ownership, privacy and seclusion.

For married people who are really sane, and others should not marry, there is no substitute for an independent home. If they have children,

which as a rule they ought to have, the statement is far more emphatic. A boarding-house or hotel is not a home, and they should not be found there except temporarily and under special stress of circumstances. Thousands upon thousands of needless divorce cases have been evolved from the harmful associations, false relations, idleness and gossip of that homeless life so many people prefer because it seems easier and less responsible, or because they lack the moral courage to begin housekeeping in a humble way. By this homeless life thousands of children are denied their birthright. Many are worse than orphaned by the estrangement of their parents.

Even where the conditions of hotel and boarding-house life are most favorable it is not possible to avoid associations detrimental to the best interests of the child. It is impossible to give the training or the protection that belong to the home. Moreover, the child is deprived of a right if he grows up without the feeling of a home atmosphere.

* * *

The true definition of a home, I think, involves the idea of a bit of ground about the house, and I mean all about. Even a double house is out of joint with nature. The home requires four walls, for the child has a right to windows on every side, the cheerful light and nourishment of sunshine. And it seems to me that every child needs the familiar and loving touch of two mothers—his own human mother and mother earth.

The essentials of a home do not depend on very much money. Few are the families that may not by frugal industry acquire one. They may rent, but it is far better to own. "Be it ever so humble." Four walls, one or more rooms, a floor and a roof and a chimney, sunshine all around and streaming in, ground enough for grass and flowers and trees—if possible a

garden spot, add to this a family with the spirit of home and love in their hearts, that is all.

* * *

The home for children best calculated to make strong men and women of them, it seems to me, is the farm house; next to that the suburban. There must be room for the elbows, for work, for play, and room for the voice. People housed close in never breathe the best of air—they cannot. It is not to be bad. It is a well-known fact that the brain and brawn of business and professional circles in our cities comes mostly from the country home. Imagine if you can a Lincoln, a Garfield, a Greeley, an Armour or Marshall Field being brought up in pigeon holes, with the rattle and roar and dirt of a street before, with indescribable back yards and alleys behind.

* * *

RIGHT TO EXPERT EXAMINATION.

Every child has a right to an examination for physical defects, especially those affecting the eyes, ears, nose, mouth and throat, and to have these defects corrected as early as may be. If this be not attended to by the parents whose first duty it is, it should be by the State.

Many a child is allowed to grow up seemingly dull and stupid because of eye or ear defects that might be remedied. Many suffer in health because of neglected teeth or obstructed nostrils. The movement not long since inaugurated in Europe, and now beginning in some of our States, for the examination of children in the public schools, is, I believe, in the right direction, only we must be careful to avoid extreme over-government. Intelligent parents must be allowed to attend to their own business—if they will.

ETHICS OF NURSING.*

BY WALTER LINDLEY, M.D.

Ethics, as you all know, is the science of human duty; the science of right, and of right character and conduct. The study of ethics is one of the important branches of an education. Ethics is the science that offers a rational explanation of the ideas of right acting, therefore the ethics of nursing deals more with the spirit of nursing than it does with the technique. There is no profession where right doing shines out more plainly than in your own vocation. The nurse who gives a glass of water because she has to, and not because she is in sympathy with her patient and wants to do it because it is right to do it—that nurse who acts under compulsion, will be appre-

ciated for just what she is by both patient and doctor.

In entering the hospital and the training school the nurse finds her level. If she is actuated by that spirit of rightness and character it will shine through her eyes, which are the windows of the soul, and physicians and patients will know quickly the pure motives which inspire her.

"The ethics of nursing" is a very comprehensive phrase; it applies to your right relation and duties to your fellow nurses, to your patients, to those in authority over you, to your hospital, which is your alma mater, and to yourself. In each of these relations you daily meet with trials that

* Read before the California Training School for Nurses of the California Hospital, Los Angeles, October, 1901.

test your ethical standard. I have often thought of the strange sensation which each of you must have as you come a stranger to the training school where there are from forty to fifty other nurses. Some of you with strength of character to withstand all of the temptations of unfortunate environments, and others, though naturally good and faithful and pure, yet are not strong enough to withstand bad associations. The first question which arises when you enter is what other pupil nurse is to be your roommate. Even to the young woman of great strength and force that is very important, but to the second class, one who is easily influenced, it is all important. First, your roommate is simply an acquaintance, but constant association is soon liable to make her your chum and confidante. Whether you will be the strong one from whom will emanate the controlling influence for good, or whether you will be the weak one to receive passively, like putty, the impressions of whomsoever you may be brought in contact with, will be the decisive point in shaping your future.

I have seen young women whom I thought were giddy and somewhat weak develop into grand and noble women after rooming with those who are strong and forceful. Again, I have seen a young woman who had every appearance of making an excellent nurse, which means a noble woman, retrograde until it seemed almost impossible to keep her in the institution, due to having become unfortunately associated. Yet after all the management of this hospital was deceived in this young woman; she was thought to be strong, but when the test came she was weak.

No young woman is admitted to the training school until she is past twenty-one and by that time she should be strong enough not to swerve from

duty even though her immediate associate might be anything else but helpful. You are all bound in following this, or any other vocation, to be thrown in unfortunate company, you cannot choose it, and here in your school life will be the crucial test. While I believe in friendships among nurses, yet it is very unfortunate where that friendship develops into a silly, exaggerated love. I saw the other day in one of our medical journals where a man accused a woman of alienating from him the affection of his wife. In other words these two women had an abnormal love for each other. Such absorbing affection for one of your own sex is to be avoided—it leads to trouble.

What a blessing you can prove to the rest of the nurses about you. How many of you stop to consider whether your life is a benefit, a benediction to those with whom you are associated, or whether you are a retarding or disturbing element that causes constant uneasiness to those in authority over you?

The second point is one that is wonderfully important. In your relations to your patients do not become too intimate with those whom you attend. In saying this I am not referring to the danger of matrimonial developments, but mention this as a general proposition. You are sent to attend a woman—you go to her room—she doubtless tells you many personal things in regard to herself and her family; listen to them patiently if you must, but do not reciprocate these confidences. The patient herself will think more of you if you show discretion in your conversation. I have heard of women who have gone from the hospital and boasted of how easily they had "pumped" their nurses about all the peculiarities of the doctors who come here, about all the untoward events that have occurred in the hos-

pital, about the weaknesses of their fellow nurses and there have been times that if I desired to get the real inside workings of the institution the quickest way was for me to go to one of these ex-patients.

Do not establish social calling relations with your patients, unless you have, through the superintendent of nurses, first found out their real character. All kinds of people get sick, and all kinds are brought to hospitals, and those who are the lowest may assume, during their comparatively brief stay, a virtue which may mislead you. Be very guarded on this point.

There is one thing especially that I wish to impress upon you in your relations to your patients. See that you pay careful attention to the old, the feeble, the broken. The bright young man or young woman is attractive to us all, both old and young. There is everything interesting. Hope and happiness reign supreme. The eyes are aglow with ambitious projects, they are awaiting the battle of life. The pack of hounds leashed in the very sight of the quarry could not be more impatient or fuller of tumultuous energy than these young people. How can we help but take an interest in them, how can we avoid rejoicing, giving them a helping hand, waiting on them, listening to them, and sitting with them? You deserve no credit for caring for the young, but when you go to the old, the decrepit, the withered, where the magnetism of life has vanished, where the fire of ambition has long since died out, and only the cheerless coals of a flickering vitality still exist, then is the time to test whether you are in your own soul really a true nurse. Whenever you are tried by the aged and feeble think of some other nurse who may be brought to care for your mother or father or your own grandparents when they have become diseased and disabled. How

proud I feel of the young woman who can show an enthusiasm in caring for those in whom there is no hope.

Further, in your relations to your patients, next to faithfulness there is nothing that counts for so much as cheerfulness.

"Laugh and the world laughs with you,
Weep and you weep alone."

is a good sentiment to remember. Oliver Wendell Holmes says—and, by the way, there is no author whose writings have a better influence on your lives than those of this genial doctor-poet—"Mirth is God's medicine; everybody ought to bathe in it. The power to laugh, to cease work and begin to frolic and make merry in forgetfulness of all the conflict of life, is a divine bestowal." But at the same time there are two things to avoid in this matter of cheerfulness. Do not smirk, and do not cultivate a horse laugh. You know the poet says, "A loud laugh proclaims a vacant mind." So avoid the forced smile, the boisterous guffaw. It is not the laughing or the smiling that amounts to anything; it is the cheerful spirit that dwells in your own soul—that counts. The artificial laugh is a hollow mockery.

Then in your relations to your hospital. Out here in this far-away town of Los Angeles the physicians, with the coöperation of the nurses, have developed a hospital on a plan that had never been carried out before. The time is coming when every training school on the Pacific Coast will be glad to have in it a graduate of the California Hospital Training School. You and I have the opportunity to build up this hospital and this school so that the reputation of the California Hospital nurses will be as wide as the continent, and so that every physician in the United States will feel confident when a young woman goes to him and says she is a graduate of the California Hospital Training School

that in her he has a discreet, conscientious, and well-trained nurse. If there are matters that go wrong in your own family among your own brothers and sisters—there are things go wrong in every family—you do not go and tell them to the outside world, but while trying to correct weaknesses and mistakes, you at the same time try and keep the knowledge of them within your own hearts. You should do the same in your alma mater in the hospital, upon whose reputation depends your own standing. Hold the interest of the institution sacred, try and help build it up, so that when you go out and you see it developing, you will feel that you were a useful factor in putting it on a firm foundation. Whether what you have said to the patients may have been of such a nature that will make her respect this institution more—make her feel that your having graduated at the California Hospital is a recommendation to you—depends almost entirely upon yourself. You fifty nurses going through this institution with your hundred eyes can see this thing and that wrong or out of place, where often the slightest effort on your part will correct it. Let us have your help, let us all work together and make the reputation of the California Hospital greater and greater and more and more creditable.

And now as to your duty to those in authority over you. This applies to you while you are in the hospital, and when you go from the hospital. Here it is your superintendent of nurses and the head nurses and the attending physician. In private practice it

will be the attending physicians. Learn not only to be loyal and respectful, but to always speak of them in the same spirit. You can find flaws and weaknesses in every person, and if that is your bent of mind to be constantly carping, and criticising those who are in authority over you, you will make unsatisfactory nurses, and your lives will be to a great extent failures. It is very easy and nice and bright and witty to get off sarcastic innuendos against those with whom you come in contact, but there is nothing more dangerous or more unfair in the way of conversation. Avoid a biting tongue, do not try to get off small, sharp reports. Your hearers will laugh, but at the same time will learn to shun you, and you will see friends dropping away one by one. On the other hand, avoid familiarity, maintain your self-respect. There will be no undue advances toward familiarity on the part of those with whom you are brought in contact if you carry yourself right.

And, last, ethical nursing in its relation to yourself. Faithful performance of duty will develop your own soul. It will light dormant fires that will shine through your eyes, brightening up the lives of all the poor and sick and miserable with whom you have to deal. We all make resolutions, we all determine to lead higher and better lives, we all condemn ourselves from time to time in our own hearts—may God help us to go forth this night better equipped in our chosen walk in life.—*The Trained Nurse and Hospital Review*, (New York,) January, 1902.

FORESTS OF IDYLLWILD — DISPLAYS THE GREATEST VARIETY OF TREES IN SOUTHERN CALIFORNIA.

BY HON. F. C. LERENS, U. S. DEPARTMENT OF AGRICULTURE.

The San Jacinto Mountains, or that portion included in the San Jacinto forest reserve, which comprises an area of 740,000 acres, displays the highest vertical walls, the greatest varieties of trees and chaparral, and the largest plateaus of any of our southern mountains. The western slope of the mountains comprises about 550,000 acres, while the northern and eastern slopes cover but 190,000 acres. On the north and west slopes, below the 3000-foot level, at least 90 per cent. of the growth is chaparral, composed of all the species found in the other reserves, with the addition of several species of brush, cacti and yucca not found elsewhere, and the non-coniferous trees, mountain mahogany, sumach, canyon live oaks, highland live oaks, tree yucca, mountain alder, desert willow, leather leaf ash, eremontia, western walnut, California sycamore, black cottonwood, mesquite, California black oak, western black willow and dogwood.

The southern slope is but sparsely covered with brush or trees, except the canyon in which are found a large number of palms, "Washington filifers," the common fan palm, and planted thinly are the *pinus quadri-folia*, four-leaf pine, "Perry pinon."

The eastern slope is very precipitous, and is furrowed by many canyons, in which grow many thousand palms, interspersed with the deciduous trees found on the western slope, with the addition of the beautiful *pala verde* and *daie'i spionsa*. These canyons, with their walls of dark granite and dykes of igneous rock, in many cases almost forming an arch over the stately palms, forms a rich Oriental scene, unsurpassed and unlike any

other spot in California. To the east as far as the eye can reach, is the Colorado desert, formerly a sea, the waves of which washed against the base of the mountain, only a short distance from the great palms. I cannot refrain from mentioning that here, at the eastern base of this mountain, where the spray from the breakers once moistened, is the most beautiful wild flower garden to be seen. The last of March it is in its glory. Then the ground is carpeted with flowers of every hue and form, many showing no leaf of plant. Then all the brush is aflame with brilliant flowers.

The north slope of the mountains is well nigh vertical, and yet there is a good sprinkling of trees. Owing to steepness of this slope and its receiving so little sunshine, where there is considerable moisture, and where there is soil, the Coulter pine and the big cone spruce reaches down to the 2000-foot level.

Above the 3000-foot level the conifers grow encircling the main apex. Mt. San Jacinto, 10,500 feet above sea level, and another about Toro Mountain, to the southeast, first in straggling fire-seared spruce (*Psudotsuga macrocarpa*), known, too, as big cone spruce, which is closely akin to the Douglas spruce (Oregon pine) of the north. A little higher and the first pine found growing is the *pinus Coulter* (big cone pine). This pine is a sturdy grower, rough bark, heavy limbs, three leaves, cones very large with large recurved hooks. They are often found very high up among the other species. The next conifer to appear is apt to be the *pinus Jeffreyi* (black pine), quite similar to the Coulter. It also has three leaves,

rough bark, but its limbs are not so long and the cone not nearly so large, which is five to eight inches long, and two-thirds as thick, with sharp, small pricklers. Growing with these is the *pinus ponderosa* (yellow pine), closely related to the black pine, the main distinguishing feature being the bark of the yellow pine is finished into large plates of yellowish scales or buttons, and the cones are much smaller, two to five inches long. Above 4000 feet you will find the *pinus lambertiana* (sugar pine) easily distinguished from all others from its straight shaft, finely checked bark, slightly drooping limbs, short foliage in fives, long cones, often eighteen inches, devoid of pricklers. Cones are pendant from the tip end of the branches.

In and close around Strawberry Valley you will find all of these; also the abbies concolor (white silver pine), the most beautiful of them all. Bark of young trees white, limbs borne in whirls, foliage about one inch long, whitish on under side, two rows on each side of leaf stem. Cones are borne on top of tree and are erect. Unlike all pine and spruce cones, when ripe they fall to pieces from the tree. When the tree gets old, the bark is dark gray, deeply furrowed, and the lower limbs droop and die.

The *Libocedrus-decurrens* (incense cedar) is quite numerous. Their trunk resembles the redwood, being furrowed up and down, stringy, rich cinnamon brown; foliage in flat flakes, small cones one inch long, with only four seed, two on each side of thick center.

The oak trees in Strawberry Valley are the *Quercus Kelloggii* (California black oak), which are deciduous, and

a sprinkling of *Quercus Chryolepis* (live oak).

On your way to the summit, above 6000 feet, you find *pinus Contorta* (variety *Murrayana*), not large trees, thin, resinous gray, finely ruffled bark, two leaves, small cone one to two inches long, pointed with short, sharp pricklers on each umbro. In the next 1000 feet you will find the *pinus Flerilis* (sub-Alpine white pine), leaves short in fives, bark white, cones the same as the sugar pine, only much smaller, three to eight inches long, free from pricklers. As you go higher the other species become fewer and the last two more plentiful, until on the summit they alone battle with the winds and frosts, often crouched and fairly crawling on the granite rocks.

To the east, near Toro Mountain, growing under the desert influence, are the *pinus Monophylla* (nut pine, or pinion), the only pine tree with a single leaf, by which you can always identify it.

We have planted this winter about 160 acres along the road between San Jacinto and Strawberry with seeds of the *pinus Attenuata* or *Tuberculata*. If we have an abundance of rain it will make a fine showing, and another year I hope to plant much more extensively. Also Mr. Taggart has planted a considerable quantity in different parts of the mountains. I know that the Idyllwild Company will be ever ready to co-operate with Mr. Taggart, or anyone in charge of the reserve, to prevent and subdue fires. If no more fires rage, the water supply for the valleys will increase, and your reserve will prove a great blessing to the multitude.—Sunday Herald Magazine, February 16, 1902.

SAN JACINTO'S PEAK—A TRIP AMONG THE MOUNTAINS AND VALLEYS OF RIVERSIDE COUNTY.

BY HELEN LUKENS JONES.

Perhaps no words more fully express the growing sentiment of the people than those of the great nature poet, John Muir, when he says: "Thousands of tired, nerve-shaken, over-civilized people are beginning to find out that going to the mountains is going home; that wildness is a necessity; and that mountain parks and reservations are useful, not only as fountains of timber and irrigation rivers, but as fountains of life."

Idyllwild, Southern California's Alpine resort, as it nestles in Strawberry Valley, among the San Jacinto Mountains, at an elevation of 5250 feet, basks in the smiles of nature, and is sublimely picturesque and gracious. Possessing accessible variation of scenery and climate, that ranges from fern-carpeted pine forest to snow-covered mountain peak, or heat-swept valleys, this location has long been famous as a refuge from weariness, and myriads of tired townspeople, longing for one joyous, exhilarating breath of life, have shouldered their tents and wandered into these pine-shadowed woods.

During the past year this wooded nook has undergone a transformation. Through the agencies of an energetic company, and a large expenditure of money, the valley has blossomed into an Alpine city, and when the migrating flood of human life again rushes through the mountain gates, it will find an elegantly-equipped hotel of fifty rooms, surrounded by comfortable modern cottages and innumerable tents.

The traveler leaves the train at San Jacinto, climbs into the waiting stage or automobile, and by means of lively locomotion, is rapidly borne out of

life's auditorium, and literally tossed into the arms of the forest. After the road has elbowed its way among the few houses that straggle forlornly over the landscape, it stretches through a considerable area of dry, uncultivated lands, on which thirsty-looking shrubs are predominant, though here and there, sprinkled among the dry plants are beautiful wild verbenas that give to the gray earth a rich touch of purple color.

CLIMBING THE FOOTHILLS.

At last with a quiet impertinence the road creeps over the bare toes of the foothills, and it is here that the semi-ariel pilgrimage really begins, the climb from this point to Idyllwild being continuous on a safe mountain road.

Two years ago a forest fire devastated several hundred acres of mountain area along the road, and here it was interesting to see forest rangers planting seed, which it is hoped will burst into life and reforest the desolate slopes.

Close beside the road, about eight miles from San Jacinto, is a small redwood house, and just around the corner in the rear is the small remnant of an adobe dwelling. Many years ago when this adobe was intact Helen Hunt Jackson lived in it for a short time and wrote a portion of *Ramona*. During a severe earthquake two years ago the old walls collapsed, a woman and child being buried under the debris, but as if by a miracle they were resurrected and found uninjured.

Farther on is a small ranch called Hemet Station, and all along the line of march for several miles is a viaduct, carrying its load of water from Hemet Dam to the valley below. Beyond this

point it is interesting to note a magnificent oak tree that squarely rests one great elbow on the ridgepole of a small shanty, holding it fast to earth, the two presenting a picture of captor and captive.

Farther on, about two hundred yards from the road, completely hidden in a jungle of trees is a demented-looking old shack, its windowed eyes hollow and glassless, while its walls and ceilings constitute aerial boulevards for creeping things. Forty years ago a man lived in this place and made buckskin gloves for a living. Within twenty feet of this building is a one-room house about six feet square and architecturally complete, that rests high up in the arms of a mammoth oak. The tree seems happy with its odd burden, and stands among its more fragile brothers sturdily serene and full foliated.

The oak trees are entirely destitute of foliage, their naked branches being outlined against the blue sky-like tangled scrolls. About their huge trunks, dry, golden leaves are clustered that melodiously sing their own requiem as the winds hurry past with a parting benediction. The sycamore trees, also devoid of foliage, loom out like pallid sentinels. The cottonwood trees along the singing stream have been tardy with their denudation process, having evidently devoted their time to coloration, for they are luminous with brilliant shades, among which all the tints of heaven and earth seem to linger and sing and dance. These gay-plumaged trees crowd their way up the canyons, where they mingle with the dark, rich green of pine, spruce cedar and fir trees, like sunbeams among shadows.

IDYLLWILD.

Idyllwild was reached about an hour and a half after sunset. The valley was sombre in robes of night, but

the twinkling lights of hotel and cottages gave promise of warmth and life. Almost every room in the building commands a view of forested mountain, and on waking in the morning one is greeted by pine trees that literally peek into the windows, while the air is aromatic with their rosinny breath. About the valley in many places wild strawberry vines clothe the earth with crimson leaves, their luxuriance giving promise of a copious springtime harvest. Everywhere are masses of dried fern stalks and denuded wild rose bushes, and one must imagine their marvelous beauty, when after this, their seeding period, they spring into new life.

In every direction are places and scenes of interest. Three miles from the hotel, a pleasant jaunt on foot or horseback without arduous climbing, is Inspiration Point, where an extensive view of the lower valleys and Coast Range can be obtained. Just below this scenic platform is Coldwater Canyon, a deep gorge outlined by stupendous boulders and noble pines. This canyon is a roadway for an exuberant stream that prances among the rock shadows like a mischievous child.

At another time one may cross meadows and stream beds and see the "painted rock," a huge boulder on the flat side of which are painted in dark crimson the outlines of an Indian blanket design. This work of art was evidently placed on the rock many years ago by some Indian, and though the elements have dimmed the outer markings, those of the center are quite clear and distinct. This decoration is about six feet square, and is hidden from the unsuspecting observer by a large libocedrus tree. Within a short distance of the painted rock is a freak tree, the trunk of which is partially wrapped about a huge granite boulder.

Old Tauquitz, with a face adamant

and stern, looms directly back of the hotel and reaches a height of 8000 feet. A day most profitable of pleasure may be spent on horseback in ascending the winding trail to the summit. The Indians living in near-by regions religiously believe that the devil inhabits this mountain; in fact, Tauquitz is the Indian synonym for devil. These people possess a superstitious terror of the mountain, and it is impossible to convince them that the great rock walls are devoid of evil life. They describe the old fellow as wicked and fat, with a head as large as the world. Whenever his moods dictate this diabolical monster gives a great roar, envelops himself in a swirl of fire clouds and rushes out from the bowels of the mountain. During his visit on earth he kidnaps all beautiful Indian maidens and raises Cain generally. During a meteoric shower, the Indians in the valleys become wild with fear, for to them this luminous display heralds the coming of Tauquitz. They believe the gates of Hades are opening, and that sparks from the furnace are escaping and flitting out against the night sky. In an effort to counteract the evil influence they howl, dance and weep during the entire night. Certainly there is something formidable in the appearance of the old mountain, with its strange rock forms, its seams, its wrinkles and its crevasses, and to the beholder after hearing many weird legends, the mountain begins to assume an element of eerie power.

SAN JACINTO PEAK.

Of many points of interest about Idyllwild, none possesses greater magnetic power than the grand old peak of San Jacinto, whose rocky crest reaches an elevation of 10,400 feet. The peak is sixteen miles from Idyllwild, and the trails being steep and difficult in many places, two days are considered necessary to make the

round trip. But at this time of year when snow storms frolic among the mountain peaks, camping over night in the heights is a perilous undertaking, so I determined to make the trip in one day.

Accompanied by William Johnson, one of the most efficient guides in the valley, the start was made at half-past seven in the morning, and after a brisk gallop of about two miles through fern-carpeted forest the base of the mountain with its beckoning trail was reached and the climb began in earnest. The atmosphere was remarkably clear, and as we ascended, the vast panorama of landscape lay before us like a clear-cut picture. Far away, across the town-strewn valley, Elsinore Lake lay snuggled quietly between the low hills and the Coast Range. On beyond the Coast Range and sixty miles from our high telescopic canyon the Pacific Ocean beamed merrily, a vast expanse of sun-tossed water, its golden surface broken by the mountainous flanks of San Clemente and Santa Catalina Islands. The first hard climb led up the rocky face of one of old Tauquitz's spurs, and so steep was the trail that both horse and rider were compelled to attend strictly to business, or else endure the alternative of being tumbled among the boulders and trees far below. In many places the path scrambles over smooth-faced rocks, which, when covered with mud and snow after a storm, are absolutely impassable. But at last the upper brink of the wall was reached in safety. At this point massive rock forms are found in grotesque confusion, their various individual outlines resembling many forms of life. Besides these there are great smooth slabs of granite that lean against the sky, making one think that Titanic subterranean imps are sticking out their tongues at the world. From here the trail

slightly descends through dense forest to Tauquitz Meadow, where, nestled among a group of tall pines, is a deserted log cabin, in which hunters sometimes find temporary quarters. This grass-grown meadow is a gem of beauty in its mountain setting, a picture of perfect nature, in which all things seem in harmony with the infinite. A notable feature in these mountains is that nature has escaped desecration from the ravages of sheep, cattle and fire setters. Consequently luxuriance of growth is predominant.

Judging from current stories Tauquitz Meadow must comprise the roof gardens above Satan's music room, for it is said that sounds of great rumblings and roaring frequently seep through from below, until the outer air fairly trembles with consternation. Much to my disappointment no entertainment was forthcoming during this day. Just as I was pondering on the absolute silence of the woods, a deer, disturbed by our intrusive presence, rushed down the slope and away. Fear gave to the beautiful creature the fleetness of wings; as it leapt for safety among the tree shadows its feet scarcely seemed to touch the earth. All along the trail at intervals we saw seven more deer, making a total of eight for the day. Some of them were timid and sped away like the wind, while others more curious, gazed at us in the most inhospitable fashion, greeting our advances with a dash in the opposite direction.

After leaving Tauquitz Meadow the trail led up and down through dense forest, across streams, and past another lonely log cabin. Then after skirting the upper side of Tamarack Valley, the final climb of San Jacinto Peak was begun, and it was from this trail that the world gradually unfolded its scenes as pages reveal the contents of a book. Tamarack Peak, though lower in altitude, stands hand

in hand with San Jacinto, the two being joined by a rocky ridge. It bristles up from the valley like a huge cone, and points its sharp beak toward heaven in the most ferocious fashion. Part of the San Jacinto slope looks like a veritable ghost village, where several acres are covered with great pine trees, all still and white and solemn in death, their white forms looming grotesquely on the landscape. Their gray trunks show no indications of having been burned, and it is impossible to determine what caused their death. The *Pinus flexilis*, courageous and indomitable, struggle up over the summit rocks, while other trees eye the heights askance and keep at a safe distance.

ON THE SUMMIT.

The horses were left a short distance below the summit, and after plodding through some snow and climbing over great boulders, the topmost pinnacle of San Jacinto was reached. Old Greyback, the king of the Southern California mountains, beamed at us from his snowy environments, while below and stretching east was the Colorado Desert, in the midst of which lay Indio with her palm groves, and on beyond gleamed the sparkling salt fields of Salton. On the further side of the desert, breaking the monotony of sand billows with fertile green, was Thousand Palms. Whitewater Canyon, with its glistening stream, rushed out from the San Bernardino Mountains like a gay serpent, its curves showing colors of crimson and yellow. At the mouth of this canyon is Whitewater Ranch, which lies like an oasis on the heated sands. A train of cars wending its way through the desert looked from our elevation like a small worm pushing a breath of smoke. Stretching out to the south and west were towns, mountains and ocean, all smiling serenely in the sunlight. As a whole

it was a powerful panorama—a divine portrayal of life and the world.

This great mountain peak possesses the highest vertical wall in the United States, an almost precipitous rise of eight thousand feet, and it is interesting to toss a boulder over the declivity and listen to the music of its flight. Besides the monument rocks there is a circular wooden platform on the summit, which was used at one time as a government signal station. The wind was furiously fierce and cold on this platform and after searching in vain for the registry book that some one had evidently carried off or destroyed, I placed my autograph in a tin can, took a picture and began the descent of the mountain. Lunch was eaten in Tamarack Meadow, and though the sun shone brightly, the air was bitterly cold, and every grass blade bent low with its burden of ice. The streams were frozen, and snow that had tried to melt and run away had been caught and turned into ice rivers. The horses were turned loose for a few brief minutes, and as they attempted to graze on the frozen meadows they skated about in the most ridiculous fashion.

Above this meadow, and along an old cut-off trail, is a spot of forest where Tauquitz must spend his annual outings, for every tree shows the marks of lightning, being disfigured in various and curious ways. In some instances the trees are torn asunder from top to bottom, then again their appearance indicates that the aerial fire serpent must have made skipping jumps all over the trunks. Another destroyer had also entered this patch of wood. Porcupines find a gustatory bonanza here in the pine-tree bark, which they have peeled off and eaten with a vengeance. Trees are barked at different elevations from the ground, showing how deep the snow was at the time of the porcupine's visitation.

Tauquitz Ridge was reached just as the sun was setting and the valley scenes were permeated with radiant lights and colors, that gradually dimmed, faded and died, leaving us to traverse the forest in total darkness until the welcome lights of Idyllwild greeted us at half-past six, and the journey was ended.—From Sunday Times Magazine, January 19, 1902.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

NO ALCOHOL IS USED—CONSUMPTIVES ARE CURED AT RUTLAND WITHOUT EITHER THAT OR COD-LIVER OIL—ONLY ONE PATIENT DIED LAST YEAR.—Unusual interest attaches to the Massachusetts experiment of treating consumption by the open-air method, as employed at the State Sanatorium at Rutland, and the fifth annual report of the trustees for the year ending Sept. 30, 1901, just made public, will be carefully scrutinized by physicians

and laity. The institution accommodates an average of 168 patients, and a new wing will be ready for occupancy in May which will make it possible to care for from seventy-five to eighty more. The trustees say:

"The matter of free patients is a very important factor in the expenses of the institution. The utmost care is taken to investigate thoroughly all cases where application is made for free treatment admitting, in a few instances only, such cases as are very

hopeful in the opinion of the examining physicians. There are, however, not a few patients whose cases are progressing favorably and who pay as long as they or their friends have anything to pay with. To dismiss such patients during the progressive stage in their recovery to health would defeat the object for which the sanatorium was created, and yet it is an item of expense that increases very materially the per capita cost. The expense per patient during the year was \$9.47 a week.

"The question has been before the Legislature, and freely discussed, as to the advisability of building another sanatorium for consumptives. It is the opinion of the medical experts that if the present institution confines its work to incipient cases it will meet all demands for some years to come.

"There seems to be an impression among physicians in different parts of the State that patients can be admitted in the advanced stage of the disease. As the policy of the sanatorium has been to admit only incipient cases, the time of the examining physicians will be saved as well as expense to applicants for admission if they will be governed by this fact."

There were 399 patients admitted during the year and 402 discharged. Only one died. The Boston office of the sanatorium at 181 Tremont street has been open throughout the year for examination of applicants on Wednesdays and Saturdays from ten to twelve o'clock. Examinations of applicants have been made at the sanatorium on the regular days, Monday and Friday. There have appeared for examination at both places 1100 applicants. Of the 399 patients admitted the average age is twenty-eight years.

For the examining and visiting physicians Dr. Herbert C. Clapp makes a gratifying report for the third year

of his service. Whereas, he says, in the first year 64 per cent. and in the second year 64 1-2 per cent. of all grades of incipient cases were apparently cured or arrested, in the third year this percentage became about 67; and if only the best grade of incipient cases should be counted, the percentage would be still higher. Also, whereas in the first year 37 per cent. and in the second year 45 per cent. of all the cases of the disease in all its stages, including incipient, moderately advanced and far advanced, were apparently cured or arrested, in the third year this percentage rose to about 50.

Dr. Clapp's declaration that alcohol is worse than useless in the treatment of consumption and that cod-liver oil is not indispensable will be read with special interest. He says:

"It is interesting to note that in the three years during which our State sanatorium has been in operation practically no alcohol whatever has been used in the treatment of patients, and yet our success has been phenomenal. For a long time, until within a few years, the almost universal custom has been (as it is now with some physicians) to give it, often in large doses, to every consumptive as a routine measure, and the doctor who withheld it was looked upon as culpably negligent. The late Dr. Austin Flint of New York, one of the most illustrious authorities in this disease that America has ever produced, often recommended it to be taken continuously, in the form of whiskey, in varying doses up to a pint in twenty-four hours, and comparatively few physicians disagreed with him as to the wisdom of such a course.

"Of late years, however, the opinion has been fast gaining ground with many that such treatment is unwise and prejudicial, and that greater success can be obtained without it.

Indeed, it is now believed by many eminent phthisiologists that, instead of exercising any antagonistic influence, alcohol is one of the most common and powerful causes of the disease. At the recent British congress of tuberculosis, with expert representatives present from the whole world, the eminent Professor Brouardel of Paris in his paper claimed that "alcoholism is the most potent factor in propagating tuberculosis." Surely our experience at Rutland, in this bleak New England climate, has proved at least that alcohol is not a necessity in the successful treatment of consumption. Some of our patients have taken a few drops of wine with their raw eggs, to correct the flat taste, but the amount of alcohol thus used has been too small to do either harm or good.

"Our experience at Rutland for three years would also seem to show that cod-liver oil is not, as many practically believe, an indispensable agent in the successful treatment of phthisis. Only a small percentage of our patients (perhaps 5 per cent.) have had any at all, and these not continuously. Its use has been restricted to those cases in which little or no weight was gained under the ordinary sanatorium diet, and in these, as a rule, it did not seem to produce any remarkable effects."

TUBERCULOSIS IN FRANCE.—Amodru, in his report, says that 150,000 people die of consumption in France yearly. The breath of the consumptive does not transmit the disease; the air expelled does not contain the germs; it is the saliva, dried and reduced to dust, that is generally the agent of contagion. It is demonstrated that this dried saliva clings to the walls, furniture and floor of the patient's room for years. Sunlight in a few hours destroys the bacilli. Alcohol makes the best bed

for tuberculosis, Professor Landouzy said. The Departments of France which are the greatest centers for tuberculosis are those in which there is the greatest consumption of alcohol. Among the precautions urged is the prevention of expectoration and the compulsion of profuse sprinkling before sweeping. The report declares that consumption is curable at all stages. Pure air, as on the seashore and high mountains, is the best remedy for consumption. In order that this remedy be effective, it should be continuous; the patient should not only keep his windows and doors open night and day, but should persevere in this air cure a long time.—Philadelphia Medical Journal.

Translated for Journal American Medical Association.)

DIAGNOSIS AND TREATMENT OF TUBERCULAR PLEURISY—DIEULAFOY.—Of all the methods of diagnosing the tubercular nature of an acute serofibrinous pleurisy, Dieulafoy considers cytodiagnosis the most reliable. The fluid in acute pleurisy in a vigorous and otherwise healthy person, is undoubtedly tubercular if it contains numerous lymphocytes with red corpuscles and no patches of endothelium. The cytoscopic examination of the pleuritic fluid is at least as important as bacteriologic investigation of the sputa in pulmonary tuberculosis. The fluid in tuberculous pleurisy has a marked tendency to collect again after evacuation, and the danger from an effusion is not the amount of dyspnea it causes, but the quantity of the fluid. It may collect insidiously, without pain or dyspnea, and yet attain such quantities that the patient dies suddenly at a time when it is supposed that all danger is past and that he is on the road to rapid recovery. When the tuberculous nature of the pleurisy is recognized, the patient should be examined every day even

after the acute phase seems to have terminated. The amount of accumulated fluid should be estimated from day to day and evacuated whenever necessary. After recovery the patient should be regarded as predisposed to tuberculosis, and appropriate hygienic measures should be impressed upon him, avoiding overstrain and fatigue, and seeking a higher altitude and open-air life if possible, with cod-liver oil or fat foods, etc. Dieulafoy orders before meals thirty drops of a mixture of equal parts of kola, coca and quinquina in a glass of water or wine. He also injects sodium cacodylate in 5 cg. daily doses for fifteen days each month for several months. The patient should not consider himself safe from tuberculosis until several years have passed.—*Semaine Medicale* (Paris), November 20.

[Translated for Journal American Medical Association.]

SURGICAL TREATMENT OF AFFECTIONS OF THE LUNGS.

QUINCKE.—Suppurative processes in the lungs are the ones that require surgical intervention, and among them, parenchymatous suppuration indicates it more frequently than bronchiectasia. Quincke distinguishes five classes, acute or chronic, simple or putrid abscesses, those due to foreign bodies and tuberculosis. In the upper lobes, expectoration of the discharge is easier, but cicatrization more difficult. In the lower lobe expectoration is difficult, but conditions are more favorable for contraction of the lung tissue. Even in cases of multiple small cavities and rigid lung tissue, preventing healing, the conditions can be mitigated by an opening outward. Elastic fibers in the sputa speak for the presence of an abscess, as does also the overwhelming predominance of a single coccus, whether the streptococcus or pneumococcus; also cases in which the purulent discharge occurs

periodically. The classic symptoms of a cavity are often missing, especially when it is situated in the upper lobe. The acute, simple abscess most frequently occurs after croupous pneumonia. If it does not heal spontaneously in three to ten weeks, it should be operated. In case of a putrid focus, the indications for an operation are more urgent on account of the liability of complications. A fresh gangrenous focus without demarcation should be operated. The prognosis is good in case of an acute abscess, less favorable if putrid. Chronic abscesses heal with greater difficulty. They require removal of the wall of the thorax, besides the incision. The entire part of the lung disseminated with cavities may require resection. An abscess caused by a foreign body is nearly always putrid. Even if an exact local diagnosis is impossible, Quincke recommends to make a bronchial fistula beneath the angle of the right scapula to divert the putrid secretions and prevent secondary foci. If a severe affection is restricted to the upper lobe, the attempt to immobilize this portion of the lung by a thoracoplastic operation is well justified.—*Centralblatt f. Chirurgie* (Leipzig), November 30.

OPERATIVE TREATMENT OF PULMONARY TUBERCULOSIS.—A.

Berliner. Thirty-two communications have been published since 1895 in regard to operative treatment of tubercular cavities of the lungs. Eleven cases were operated on and followed for several months or years. The cavity was in the front of the right lung in Bier's patient, and the improvement that followed the pneumotomy terminated in death the tenth month. Franke's experience was the same in every respect, but the survival was eighteen months. In Krecker's patient the cavity was in the lower portion of

the right lung, and he died from hemoptysis. In Kurz's patient, the cavity was upper, left, and healed after pneumotomy. The patient died three years later from generalized tuberculosis. Mosler's case, front, left; cavity healed; death one year later from generalized tuberculosis. Neve's case, upper right; general improvement. Quincke's, upper, right; death after two years from general tuberculosis. Sarfert's, upper right; death in five months. Sonenburg's, front, left; improvement; survival for seven years. Spengler's front, left; recovery after thoracoplastic operation. Turban's, upper, left; in good health two and one-half years after a similar intervention. All the patients are dead except three. These results are so far from encouraging that Koerfe insists that cavities containing bacteria must be excluded from the operation. Quincke demonstrated that a tubercular cavity had no chance to heal whether operated or not, without extensive resection of the ribs over it, which favors the retrogressive processes. Spengler and Turban followed his advice and their results seem to indicate that this is the right way.

THE FRENCH COMMISSION ON TUBERCULOSIS.—The French Parliament, in a recent session, constituted a commission of thirty-two members to investigate the causes and prevalence of pulmonary tuberculosis in France and the progress that has been made toward its cure. Mr. Covert, the United States Consul at Lyons, France, has sent an abstract of the report of this commission to the State Department, which is published in Public Health Reports. The work of this commission is one of the recent exhaustive investigations of pulmonary tuberculosis and the conclusions are worth noting. In the first place, the commission finds that the disease is a

real national peril to France, because the population is almost at a standstill. Furthermore, the disease seems to be on the increase both in the Army and in the Navy as well as among the civilian population. The great source of the spread of the disease is the dried sputum of tuberculous patients, although it may also be disseminated by the milk and perhaps by the meat of tuberculous animals. In this respect the recent pronouncement of Koch is, we think rightly, ignored.

Alcohol, overcrowding and overwork are predisposing causes of the disease. The commission recommends that people be prohibited from spitting on floors and upon the street. In this matter the French are behind us, and it is gratifying to read that America is considered an example in regard to this sanitary measure. The open-air treatment is advocated and the report declares that by this means consumption is curable. The construction of sanatoria for consumptives is recommended. The commission believes that the children of consumptives, by the mere fact of their birth in a state of organic weakness, are predisposed to the bacilli. This raises a point, recently made by Flick, that the children of tuberculous parents are to a certain extent immune to tuberculous infection; a subject upon which a special study would be of great value.—The Philadelphia Medical Journal.

COLORADO CLIMATE AND HEMORRHAGE.

Bonney (Med. News, Oct. 12, 1901), from a study of 900 cases of tuberculosis, makes the following conclusions: "A hemorrhage by itself, with few exceptions, furnishes no criterion upon which to base a choice of climate. The indications for high altitude in uncomplicated and in not too far advanced cases being highly

imperative independent of this single manifestation, a small proportion of recurrences may be expected, particularly if a hemorrhage has taken place immediately before the patient's arrival. Primary hemorrhages are rare in Colorado, and are incident to a rapidly progressive destructive change or to some external cause. Hemorrhage, while less likely to occur in Colorado than at sea level, is, as a general rule, more severe."

The same rules that apply to the Colorado climate are equally applicable to Idyllwild (altitude 5250 feet), and the observations there have been that there is no special liability to hemorrhage at that elevation. There has been at the Idyllwild Sanatorium since it opened over 700 persons. Cases in all stages of tuberculosis and only two cases of pulmonary hemorrhage. These two cases were mild, readily controlled and had both had attacks before going to Idyllwild.—Editor.

LIBERTY EXCLUDES LICENSE IN TUBERCULOSIS.

"The local Board of Health has just enacted an ordinance providing that no building situate within the limits of the village of Liberty, Sullivan County, N. Y., shall be used, occupied or maintained as a hospital, pest house, or sanitarium for the reception of public or private patients suffering from consumption. A first violation of the ordinance is punishable by a fine of \$50, and a second violation with a penalty in the discretion of the board, not to exceed \$100. This will no

doubt be received with great disfavor by many in the community, and entail no little hardship upon hotel and boarding-house keepers, as well as their patrons.

"Ever since the late Dr. Alfred L. Loomis, a number of years ago, recommended the climate of Liberty for tuberculosis patients, it has been becoming more and more a resort for this class. A very large amount of capital has been expended in fitting up expensive hotels expressly for their accommodation, and only one hotel in the place closed its doors to consumptives. On the other hand, it is expected that the summer patronage of these hostelries will be considerably increased on account of the restriction now to be enforced. It is stated that the Loomis Sanitarium will not be affected by the ordinance, as it is located outside the village limits, except that as this specifies that no consumptive patients whatever can be entertained within the limits, the inmates will not be allowed to stop at any of the hotels for temporary rest or refreshment."

The above from an editorial in the Boston Medical and Surgical Journal shows the direction of the wind. The Idyllwild Sanatorium, controlling as it does, miles of surrounding territory, is ideally located. Its work is to get tuberculosis cases away from towns and villages both for the good of the patients and the good of the people. There in the midst of one of the greatest forests in America they have every opportunity of recovery in a territory dedicated to themselves.—Editor.

MISCELLANEOUS DEPARTMENT.

HOW THE MISTLETOE COMES TO BE.—The story of how the mistletoe gets on the trees is a most interesting one. Covering the mistletoe twigs

are pearly white berries. These come in the winter season, when food is comparatively scarce, and hence some of our birds eat them freely.

Now, when a robin eats a cherry he swallows simply the meat and flips the stone away. The seed of the mistletoe the bird cannot flip. It is sticky and holds to his bill. His only resource is to wipe it off, and he does so, leaving it sticking to the branches of the tree on which he is sitting at the time. The seed sprouts after a time, and not finding earth—which indeed its ancestral habit has made it cease wanting—it sinks its roots into the bark of the tree and hunts there for the pipes that carry the sap. Now the sap in the bark is the very richest in the tree, far richer than that in the wood, and the mistletoe gets from its host the choicest of food. With a strange foresight it does not throw its leaves away, as do most parasites, but keeps them to use in winter, when the tree is leafless.—Prof. S. C. Schmucker, in the December Ladies' Home Journal.

VALUE OF VACCINATION.—Dr. William M. Welch, Chief Physician to the Municipal Hospital in Philadelphia, made the statement recently in a published interview that, "No person who has been vaccinated recently in a successful manner has been admitted to the Municipal Hospital suffering from smallpox since the outbreak of the present epidemic." Of 980 cases of smallpox that have come under Dr. Welch's observation during this epidemic, not one was in a person who had recently been vaccinated successfully. "Anyone thus treated," he says, "may sleep in a smallpox hospital, mix with the patients, take every risk." With such truths staring it in the face, the world is probably old enough and wise enough not to stop to argue this question with the little coterie of obstructionists who call themselves anti-vaccinationists.

BLOOD COUNT AT HIGH ALTI-

TUDES.—Campbell and Hoagland have made some studies in the alterations on the blood count at high altitudes. Their experimental work was done with Belgian hares taken to an altitude of 10,000 feet and then to the top of Pike's Peak, and showed a progressive increase in the number of corpuscles which continued for at least three weeks, the period of the experiment. They then undertook to make a series of experiments in order to determine to what factor this increase in the count was due. Exercise increases the blood count, and exercise of one limb will increase the blood count in that limb without producing any general alteration. Packing the arm in snow produces contraction of the peripheral capillaries, and a diminution in the count. Placing the arm in a hot air apparatus also produces a considerable diminution in the count, and it was also shown on a number of persons that a gradual increase in the altitude at which the blood was drawn caused an increase in the blood count. On rabbits it was possible to experiment on the internal circulation, and blood taken from the mesentery at a high altitude showed a lower count than that taken from the ear. The authors therefore conclude as follows: That the blood count increases with the increase in altitude at the rate of about 50,000 corpuscles per cc. (?) of blood per thousand feet of altitude. The increase is due to a changed vasomotor condition in the peripheral vessels resulting from the diminished barometric pressure. All these altered conditions are relieved by a return to normal altitudes. The method by which the accumulation of corpuscles is brought about is due to dilatation of the arteries and temporary stasis. The hemoglobin does not increase proportionately to the corpuscles.—The Philadelphia Medical Journal.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Edit r.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

THE THREE NATIONAL TRAGEDIES.*

Before taking up the subject of the evening I desire to call your attention to something else.

There is one thing that will always be remembered in connection with your course in the training school this year. When asked what year you began your training, what year you began your course in the California Hospital Training School, you will always date back to one event, and that is, the assassination of President McKinley.

I have now the memory vividly of the assassination of three presidents.

First, and it seems to me the most thrilling, was when I was a boy of

thirteen and the telegraph brought the news of the murder of Abraham Lincoln. We who lived in the north had learned to almost worship Abraham Lincoln. McKinley we have all loved and adored. He was an able, noble, delightful man, but Lincoln we practically worshipped. He was a wonderful man, a genius, and when, just as the war was closing, and as we were all thinking that he would have a grand time completing his work, his second term having just begun, the word came that he had been murdered. It was on the evening of April 14th, 1865. A box in Ford's theatre, Washington City, has been decorated for him, and he was sitting there during the performance of "Our American Cousin," when, at about half-past ten o'clock, John Wilkes Booth, an actor,

*Preliminary remarks in the address to nurses, in Training School of California Hospital, October 11, 1901.

crept into the box from the box door and fired at the President's head from behind, holding his weapon, a "common single barreled pistol," at close range. The bullet entered the skull through the occipital bone, a short distance above and behind the left temporal, and passed through the brain tissue toward the frontal lobe. The President became unconscious immediately, and gradually sank until twenty-one minutes and fifty-five seconds past seven the next morning, when he breathed his last. The actor, John Wilkes Booth, a brother of the great Edwin Booth, had evidently thought that he would become a great hero, but instead of that the whole world, even the people of the south against whom the murdered President had been waging war, raised their hands in horror. Booth was followed from place to place and finally shot when trying to escape from a burning barn. Abraham Lincoln's body was taken to Springfield, Ill., where it lies buried. It was first taken to several of the largest cities where hundreds of thousands of people passed to get a last glance at that strong, noble, sad face. At one of these places I waited in the procession for three hours in a pouring rain for my turn to pass through, and then as we were hurried so, I fell in line twice more in order to get a better view of the great man's face. The second assassination was on July 2nd, 1881, at 9:20 a.m. when President Garfield was shot by Charles J. Guiteau, a man who had been disappointed in seeking an office. This

took place in the Baltimore and Potomac Railway Station, in Washington. The weapon employed was a British bulldog revolver. The range was eight feet. The assassin fired two shots, the second of which took effect. At the first shot the President turned, and the second shot entered opposite the tenth intercostal space, about four inches from the median line, on the right side. As the bullet struck him, the President fell on his knees and then on his right side, vomiting as he fell. The President lingered along and finally died at ten minutes past ten o'clock in the evening on Sept. 19th—two months and seventeen days after he was wounded.

The post-mortem showed that the ball had entered opposite the tenth intercostal space, about four inches to the right of the median line. It went forward and downward, inclining a little from right to left, impinged upon the eleventh rib and produced a comminuted fracture. Thence the bullet was deflected to the left, and pierced the eleventh external intercostal muscle and the diaphragm, and then went through the tissue between the right kidney and the twelfth rib, and pierced the attachment of the psoas muscle at the first lumbar vertebra. It went through the body of the first lumbar vertebra from right to left, emerged at the left psoas muscle, and lodged in the external tail of the pancreas. When the news of his death came to Los Angeles a committee was immediately appointed and a great funeral was held. There was a catafalque with six horses, and

a long and impressive procession, and then suitable addresses. President Garfield, like Lincoln and McKinley, had made his own way in the world from very humble surroundings, and paid his own way as he secured his education, and graduated at one of the best colleges in the United States. He is acknowledged by all to have been the most scholarly President that we have ever had. As you know, he was, like both Lincoln and McKinley, a lawyer. He was a soldier during the Civil War, and then he was for many years a member of Congress before he was elected President.

I will not enter into the details of the assassination of President McKinley. You have all read that and it is so familiar to you that it is unnecessary to repeat it here.

I have felt that in starting out on this year's course it was well for us to recall these three great historical tragedies, and to reiterate, that to the very evening of your lives, which I trust will be pleasant and useful, you will date your professional work from that terrible event, the assassination of President McKinley.

CZOLGOSZ.

The Czolgosz literature is becoming quite extensive and the last is a brochure by Dr. Sanderson Christison. The title of this little pamphlet is "Epilepsy, Responsibility and the Czolgosz Case. Was the Assassin Sane or Insane?"

The author in his article analyses the assassin's mental condition from three points of view: His homicidal

act, his behavior subsequent to the act, and his history previous to the act.

The author says that Czolgosz was not a type frequently found in our public lunatic asylums but rather an aggravated specimen from the insane borderlands.

The writer gives the following analysis of the case:

In regard to the indications of the act of Czolgosz, I deem the following points worthy of serious consideration, and as indicating insanity, viz.:

(1) At the age of 28 and after a life record of an exceptionally (abnormally) retiring and peaceful disposition, he suddenly appears as a great criminal. Had he been sane this act would imply an infraction of the law of normal growth, which is logically inconceivable.

(2) His act was not only homicidal but it was also deliberately suicidal, for he expected to be hanged for it; yet it was not based upon any philosophy, teaching or experience within his knowledge or imagination which offered him any hope of reward of any kind, either in time or eternity.

(3) His act was wanton, for he had in mind no benefit that would or could accrue to any person or class of persons; while, on the other hand, had he been simply an anarchist, he would have known that distress or disfavor would fall upon all of his class. But his act appears as motiveless as is the case in pure kleptomania.

(4) Such a monstrous conception and impulse as the wanton murder of

the President of the United States, arising in the mind of so insignificant a citizen, without his being either insane or degenerate, could be nothing short of a miracle, for the reason that we require like causes to explain like results. To assume that he was sane is to assume that he did a sane act, i. e., one based upon facts and for a rational purpose.

(5) If he thought President McKinley was "the enemy of the good people, the poor working people," as he asserted, the notion must be conceded to be the pure product of a deluded imagination, for there was no evidence of any kind or anywhere in support of it. And there is no evidence that Czolgosz was a prophet, statesman or philosopher of transcendent insight.

(6) His act was not the natural product of any form of systematic thought. He was not an anarchist or a student of anarchy, nor a student of anything else; while the fundamental principle of anarchy is a denial of the right of any one to interfere with the liberty of any one else, and thus it is opposed to the committing of violence in any form.

(7) The "I done my duty" notion was evidently an imperative idea of a purely impulsive origin, for he did not believe that he had been especially called to do the deed. Such a condition is common among lunatics, especially in the earlier stages of their affliction. It is also to be observed that the impulse arose suddenly from a suggestion through something he

read three or four days before his murderous assault.

(8) His act was not an act of revenge of any kind, for the President had wronged neither him nor a relative of his, nor a friend of his, nor any class of people in which he had the slightest interest.

Now granting that these points are true, let us ask where was the rational motive, purpose or basis in this act? How much was it like a rational philanthropic act or a criminal act of the selfish order?

If we inspect the remarkably brief and superficial report made by the State's medical examiners (1), we will find in it a few straws which indicate something of the condition of his mental undercurrents shortly before and shortly after the assault. To-wit:

(1) Mental Wandering and Abandon, e. g., a few days before the act he went from Buffalo to Cleveland, a distance of nearly 200 miles, "just to look around and buy a paper," as he declared.

(2) Insane Vacillation, e. g., on one occasion he denied that he killed the President or had any intention of doing so, but a few minutes later remarked, "I am glad I did it."

(3) Logical Incongruity, e. g., He declared that any one had a chance on trial and that perhaps he would not be punished so badly after all. Yet from first to last he treated the only persons, his lawyers, who could secure the chance for him, with the most contemptible indifference.

(4) Moral Chaos, e. g., He declared

that he did not believe in government, nor in law, nor in marriage, nor in God.

(5) Insane Egotism, e. g., His reason for killing the President was "I done my duty. I don't believe in one man having so much service and another man should have none."

Now, let us ask ourselves if any of these conditions indicate a sane and responsible state of mind.

In regard to his previous history, my investigations personally made at his home in Cleveland, disclose the following facts:

(1) As a child he was markedly indisposed to associate with other children.

(2) As a young man he studiously avoided the opposite sex and did not have a chum of any kind.

(3) He was seldom distinctly ill, yet he was almost always complaining of ill-health and frequently took medicine.

(4) He was notoriously prone to fall asleep in a chair at any hour of the day, and as indicating a common peculiarity, his bright old aunt termed him as an "old grandmother," because "he had such a tired, stupid way."

(5) He took especial interest in nothing, never spoke at club meetings and was with difficulty induced to read any kind of literature, even that of the Social Labor party, the local club of which he was for some time a member.

(6) At the age of 24 he quit work at the wire-mill on account of his health, as he claimed to his relatives, and went to live on his father's farm,

where he remained until about two months before his homicidal assault. Here he lived in comparative idleness, claiming that on account of his health he could not do farm work, and actually did nothing but petty odd jobs just when he "felt like it." He had no books and did no reading excepting as he casually picked up a local German newspaper which came to the family.

THE LATE DOCTOR BROWN.

It is always a pleasure to speak or write concerning one of whom to speak in the highest terms is simply to tell the truth.

Such a one was the late Dr. William C. Brown of No. 2113 South Grand avenue, Los Angeles.

Perhaps no one who was well acquainted with him would deny to his memory a liberal measure of praise. His death occurred January 12th after an illness of about two weeks, he being at that time 65 years of age.

Dr. Brown graduated from Rush Medical College, Chicago, in 1861. After practicing about a year in Chicago he located at Geneseo, Ill., where he practiced continuously for thirty years. He had been a resident and practitioner of this city the past ten years, having removed from Geneseo on account of the failing health of his only son, Henry Brown, a young man of rare attainments and promise, who was to have graduated in medicine within a few months from the time his health failed.

The doctor was a man of remarkable energy, yet kind, genial and sympa-

thetic. His painstaking manner, combined with sincerity, manly virtue and sterling worth, were well calculated to inspire confidence and insure success. The characteristics above indicated stamped him an ideal family doctor. In these days of specialism and segregation of professional work, the function of the family doctor is not obsolete, nor will it ever become so. The young man in the medical profession will do well to follow in the footsteps of such men as was our lamented friend of whom we write.

It falls to the lot of few men of our profession to carry more good cheer and true help to suffering humanity than did Dr. W. C. Brown.

ROBERT W. MILLER.

LEVI COOPER LANE.

The death of this pioneer of Pacific Coast surgery occurred in San Francisco February 17th. Dr. Lane was 72 years of age at the time of his death.

Dr. Lane was a great man. Until within the last ten years he was the most noted surgeon on the Pacific Coast, and through his surgery he had accumulated a large fortune, which was added to by a bequest from his uncle, Dr. Levi Cooper, and later Dr. Lane established the Cooper Medical College named in favor of his uncle.

Dr. Lane was, as might be inferred, a very forceful man. He was philanthropic in his plan of life, as the college and the Lane Hospital amply prove. The great object of his later life has been the development of these two institutions. While he was a hard

fighter and had many enemies, yet at the same time he had bound to him a large coterie of friends, and to them he was the central sun. He founded the Lane course of lectures and furnished the money which maintained this course, and has, as we understand it, provided to perpetuate these lectures, which have been of great advantage to the medical profession in California. His wife has ever been his faithful coadjutor and doubtless Mrs. Lane, like Mrs. Stanford, will carry on the work that she and her lamented husband have so bravely begun. Dr. Lane held degrees from several foreign universities. His fortune is estimated at a million dollars.

His enemies cannot question his ability and his philanthropy, while his friends realize that a strong and noble character has been taken from them.

THE POMONA VALLEY MEDICAL SOCIETY.

The Pomona Valley Medical Society met at Hotel Palomares in Pomona, February 27. Owing to the heavy rains, and the fact that the members of the society are well scattered over the valley, the meeting was not a large one as far as numbers go, but this was compensated for by the general enthusiasm of those present.

Dr. Thomas, the president of the society, called the meeting to order and after the transaction of some preliminary business, proceeded immediately to the reading of papers. Dr. Cole of Los Angeles presented the subject of Tuberculosis, considering it principally along the lines of

prophylaxis, early diagnosis and treatment. He spoke especially of the general interest that is being taken at the present time, the world over, with regard to the prevention of the spread of the disease. In this connection he mentioned the fact that a hundred years before Koch discovered the tubercle bacilli, Naples, by royal decree, was demanding isolation and disinfection; and that since that time while there has been much laxity along these lines, he hoped the present enthusiasm would continue, largely as the result of our more extended knowledge of bacteriology and because of the train of thought it impresses upon medical men. He then spoke of the necessity of early diagnosis, and went over some of the more important points in this connection. Referring to the treatment, much attention was paid to the benefit of outdoor life, a suitable climate, and that we should be satisfied with nothing but the best in this direction. The dietetic and medicinal treatment was also considered.

Dr. W. W. Beckett of Los Angeles then presented a paper on the subject of Extra-uterine Pregnancy. He dwelt especially upon the value of the early diagnosis of these cases, and of the proper management including surgical operations, either by the abdominal or vaginal route, as each individual case might demand. He reported a number of very interesting cases which had come under his observation, some of which had been operated by himself. Discussion upon Dr. Beckett's paper was prolonged

and interesting. Dr. Garcelon reported an interesting case that had come under his observation.

Another paper was to have been presented by the president, but owing to the lateness of the hour and the time occupied by the preceding subjects, the meeting adjourned at 6:30 to gather in the banquet hall at 7 p. m.

The banquet was a most delightful affair, the members being joined by their wives, and a number of the more prominent druggists of Pomona also being present. Dr. Frank Garcelon acted as toast-master. At a late hour the society adjourned, everybody agreeing that the meeting was a decided success.

NASAL SURGERY.

We have received from Dr. Floyd S. Muckey, of Minneapolis, a very interesting brochure entitled "Hay Fever and Asthma—A Permanent Cure by Means of Nasal Surgery." In conclusion Dr. Muckey says:

From the foregoing considerations some very important conclusions may be drawn. The first is that hay fever and asthma are curable diseases, and in fact are much more amenable to treatment than nine-tenths of the diseases to which human flesh is heir. That this cure can be effected without recourse to the almost endless list of drugs and nostrums which are advocated for their relief from the "Liquor Ambrosia" of Curtis to the poisonous compounds of sedatives and alteratives sent out by the quack institutions which advertise to cure the most common maladies.

The second is that the use of the cautery in the nose in any form must be tabooed by the nasal surgeon as being a most unscientific and unsurgical procedure.

OBITUARY.

The profession of the Pacific Coast were shocked on February 12th at hearing of the death of Dr. Christian Fenger. It was only last month that we recorded the delightful time we all had with him at a banquet at the Hotel Green, in Pasadena, and now the sad news comes that he died in Chicago on February 11th of pneumonia. To many of us who met him for the first time on this Pacific Coast visit it will be one of the events of our lives to feel that we had the privilege of taking him by the hand and receiving his simple but hearty greetings. Dr. Fenger was without guile, and at the same time he had no fear, we believe, in America in the lines of which he made a special study. His loss will be felt very keenly in Chicago, but it will also cause regrets in the medical profession throughout the civilized world.

We also learn just as we are going to press of the death of Dr. W. S. Muir, of Truro, Nova Scotia. It was only a few weeks ago that Dr. Muir was present at a meeting of the Los Angeles County Medical Society and made some very interesting remarks. And at about the same time he was banqueted at the California Club in Los Angeles, and the chord of friendship and good fellowship vibrated from his great hearted personality to every member of the profession with whom he came in contact.

The warm sympathy of the physicians of Southern California goes out to our fellow townsman, the Hon. John A. Muir, the brother of the deceased. Yet we know what a satisfaction it must be to our friend Muir, to think that he has had this delightful visit from his brother.

Dr. Muir stood high with the profession in Nova Scotia, and his death has caused great sadness.

EDITORIAL NOTES.

The Chicago Clinic and Pure Water Journal will be published as heretofore at 3632 Forest avenue, Chicago.

Dr. Henry Germain, formerly a Los Angeles druggist, has been appointed resident surgeon of the new relief station on Haymarket Square, Boston.

We have received from Dr. Charles P. Noble of Philadelphia, an interesting report of the Kensington Hospital for Women, of which the Doctor is surgeon-in-chief.

Dr. Oscar S. Brown, of Wildomar, has gone to Winslow, Ariz., and taken charge of the medical work of the Santa Fe at that point. Dr. Brown has quite an extensive jurisdiction and is kept very busy.

Many improvements are being made at the San Juan Hot Springs, near San Juan Capistrano. These springs have been held in high repute, especially by the Indians, for many years.

Parke, Davis & Co., of Detroit, Michigan, have arranged to take their employees in partnership with them

by issuing a certain amount of stock. They employ over two thousand people and we trust this new experiment will prove successful.

We have received a pamphlet by Dr. Noble of Philadelphia, on the Ultimate Results of Operation of cancer of the uterus. He especially urges that physicians do away with the two great fallacies; first, that cancer is incurable, and second in regard to climacteric hemorrhages.

The Woman's Medical Journal, published by the Hackedorn Publishing Co., Toledo, Ohio, and edited by Eliza H. Root, M.D., 489 Monroe street, Chicago, Ill., comes to us greatly improved both in form and matter. This journal is a monthly issue at \$2 per year, and those who are especially interested in the medical work of women will be glad to add it to their list.

We have received from Chas. P. Noble, M.D., Philadelphia, an interesting pamphlet on the Operative Cure of Procidentia Uteri in which he especially recommends a combination of operations which includes curettage, amputation of the cervix, resection of the anterior vaginal wall, perineorrhaphy and suspensio uteri. The article is very interesting and instructive.

Dr. S. C. Balch, United States Special Pension Commissioner, for this district, has resigned. Dr. Balch was sent here by the government eight years ago. Since that time he has been transferred several times, but is acting in Los Angeles at present. He

fell in love with Los Angeles and moved his family here and built a home. He now retires from the government service in order to make this his permanent residence and engage in business on his own account.

Dr. Paul F. Munde died at his home in New York City on February 7th of heart disease. He was born in Dresden, Saxony, on September 7th, 1846, and when three years old was brought to this country by his parents, his father being a political refugee. While Dr. Munde was not a very old man, yet he was one of the pioneers of gynecology in the United States. His life has been useful to his patients, and useful in a far greater sense to the profession of this country.

We learn from the New York Medical Journal that Mrs. Alfred Solano, of Los Angeles, and Mrs. W. Jarvis Barlow, of Los Angeles, and five other ladies, all members of their family, have presented the Brooks Memorial Hospital, of Dunkirk, New York, as a New Year's gift, an endowment fund of \$100,000. It is stated in a letter received by President A. W. Cummings that the \$100,000 is a permanently invested fund, and the interest is to be devoted to the maintenance and support of the hospital.

Sulphur as a Germicidal Agent:—We have received from Walter Wyman, Surgeon-General, a pamphlet on the above subject by Passed Assistant Surgeon H. G. Geddings. The pamphlet urges the efficiency of sulphur

for fumigation, and sets forth many experiments that the author has made proving his contention. We believe with the writer that the profession have too much neglected this valuable agent. It is the simplest and easiest method of fumigating rooms and we believe that it is still the best.

The Woman's Medical Journal for February says: "Dr. Rose Talbott Bullard, Los Angeles, Cal., has charge of the department of obstetrics and gynecology in the Southern California Practitioner. Dr. Bullard is a valued member of our staff of collaborators and a lady in every way fitted to edit the department she has charge of in the Practitioner. She will make of it an attractive feature of our friend the well conducted Journal of the Pacific coast. The Practitioner also conducts a department of tuberculosis."

Dr. N. H. Morrison is feeling happy over the completion of the plans for the Santa Fe Railway Company's new hospital, which is to be located on Boyle Heights, Los Angeles. The company owns a site consisting of four acres. The institution will be completed by the end of the year and will accommodate between seventy-five and one hundred patients. This new Los Angeles institution will accommodate all the patients of the Santa Fe between Albuquerque and San Francisco. We have no doubt under Dr. Morrison's management, but that it will become an ideal.

Dr. Norman Bridge has been lec-

turing the students of Throop Institute, Pasadena, on cigarette smoking. He said: "Cigarettes are only tobacco and are probably less harmful than cigars, hence it is a question whether or not to use tobacco. From a physiological standpoint a stimulant for a growing body is bad. Food that makes blood is the only thing that should be taken by growing people. The great sin in the use of tobacco with the present generation, is that it lessens their physical powers. In the race of life, they fall behind. We may not notice any difference now in the power of those who use stimulants and those who do not, but in twenty years they will fall behind because of inability, uncontrollable temper, dishonesty, unreliableness. They will be found wanting in some way. No boy can work, study, endure, accomplish, if he uses stimulants, and certainly no boy can afford to fall behind."

Dr. Givens, of Stamford, Connecticut, calls our attention to the fact that the State of Connecticut has a law which permits narcotic and alcoholic patients to voluntarily commit themselves to a sanitarium for treatment for any length of time not exceeding one year. The following is the section of the law:—

"The managers, trustees or directors of any inebriate asylum established by the laws of this State may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year and treat and restrain him in the same manner as if committed by the Probate Court."

The following is the application for

treatment and voluntary commitment:—

"I, John Smith, hereby voluntarily apply for care and treatment as a patient for inebriety and drug addiction, and I agree to observe the rules and regulations and not to leave the grounds of said institution without written permission from the physician in charge thereof, and I authorize the physician in charge to restrain me, if necessary, in such manner as seems advisable by him."

ILLEGITIMATE BIRTHS IN CITIES.

—The following are the statistics

showing the percentage of illegitimate births in the fifteen great cities in which they most frequently occur:

City	Population	Per Cent.
Vienna	1,656,662	32
Prague	389,521	32
Stockholm	297,148	30
Paris	2,511,629	29
Bordeaux	256,906	27
Munich	490,606	26
Copenhagen	360,500	25
St. Petersburg	1,132,677	24
Madrid	516,428	22
Dresden	393,500	20
Rome	467,236	18
Berlin	1,864,203	15
Buenos Ayres	808,308	15
Hamburg	699,489	13
Naples	562,827	11

BOOK REVIEWS.

INTERNATIONAL CLINICS.—A QUARTERLY OF Clinical Lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to Students and Practitioners, by leading members of the Medical Profession throughout the world. Edited by Henry W. Cressell, A.M., M.D., Philadelphia, U. S. A., with the collatoration of John B. Murphy, M.D., of Chicago, Alexander D. Blackader, M.D., of Montreal, H. C. Wood, M.D., of Philadelphia, T. M. Rotch, M.D., of Boston, E. Landolt, M.D., of Paris, Thomas G. Morton, M.D., of Philadelphia, Charles H. Reed, M.D., of Philadelphia, J. W. Ballantyne, M.D., of Edinburgh, and John Harold, M.D., of London. With regular correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume III. Eleventh Series, 1901. Philadelphia. J. B. Lippincott Company. 341.

Among the list of contributors to the third volume of this very welcome work are noticed such names as Abercrombie of London, Brower, Cohen, Deaver, Edebohls, Beverley, Robinson and Walsh of New York. Perhaps one of the most interesting chapters in the book is that on "Gonorrhoea and Marriage," by Prof. Louis Jullien

of Paris. The subject, which is so far-reaching in its effects, and especially upon the innocent, is treated very frankly. The following extracts are merely notes as to the manner in which the subject is handled by the author: "The more I consider the present status of specialists' knowledge with regard to gonorrhoea, the more I am convinced that we must no longer remain silent concerning the dangers of this disease. It is only when we shall be able to bring the light of publicity to bear on this question that we can with certainty avoid the unfortunate mistakes and even serious accidents that sometimes result from well-meaning ignorance." "The popular opinions of the present day with regard to gonorrhoea, and the views of the generality of the people, who consider it an apparently insignificant, entirely local affection, are responsible for the failure of patients to realize the dangers that it brings with it. It has been rather the

custom in certain circles to laugh at the disease and to regard it as of scarcely more importance than any other mucous discharge—for instance, a cold in the head. These false notions weaken the force of the physician's insistence on the necessity for postponing marriage. The false popular impression with regard to gonorrhoea is really due to the fact that it is only in recent years that physicians themselves have come to recognize the real significance of this malady." Farther on, in speaking of dealing with men who are engaged and who are suffering from gonorrhoea, he says: "It will probably be necessary then to give the particulars of the dangers that lie before the wedded pair. There is, first, the health of the young wife, with the risk that she may suffer from serious symptoms for years. More than this, the disease may make it practically impossible for her to be around on her feet for months at a time; she may be permanently childless, and may eventually die from involvement of her internal organs. As is well known by every gynaecologist, this is no exaggerated picture. That most of the gynaecological disorders are due to the gogococcus we have known for years. Unfortunately, the knowledge which the medical profession has acquired has not yet spread much outside the profession. As a rule, then, these declaration will usually be so many revelations to your patients." The last three pages deals with chronic gonorrhoea and marriage.

The reviewer sincerely wishes that every physician in the land might carefully read this article.

An interesting chapter appears on page 220, by A. H. Tubby of London, in "Prognosis in Appendicitis." On page 71 Paul Reclus of Paris has an article on "The Drawbacks to the Spinal Use of Cocaine and the Acci-

dents Due to it." Near the close of the article, he says: "It therefore appears that there are six and maybe seven or eight cases of death in a total of less than 2000 spinal injections of cocaine." This is an enormous proportion, enormous both in an absolute and in a relative way. Our authors give one death in 2300 cases of chloroform, one in 7000 for ether, and none in 7000 for the local use of cocaine, according to my personal statistics, which have now reached this large figure.

LEA'S SERIES OF POCKET TEXT-BOOKS:
HAYDEN ON VENEREAL DISEASES.—
A Pocket Text-book of Venereal Diseases. For Students and Practitioners. By James R. Hayden, M.D., Chief of Clinic and Instructor in Venereal and Genito-Urinary Diseases in the College of Physicians and Surgeons, New York, etc. New (3d) Edition, thoroughly revised. In one handsome 12mo. volume of 304 pages with 66 engravings. Cloth, \$1.75 net. Flexible leather, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Hayden's excellent little work has promptly come to its third edition and he has well utilized the opportunity thus offered to revise it thoroughly.

New sections on vegetations and Herpes Progenitalis have been added and also a number of new illustrations. The object of the book is to furnish in clear compact form a practical working knowledge of gonorrhoea, stricture, chancroid and syphilis, together with their complications and sequelae.

The volume is practical, concise, definite and satisfactorily full. In matters of diagnosis and treatment it is particularly thorough, and while intended primarily for students, it may be accepted by the practitioner as a convenient and trustworthy guide in the management of this class of cases.

While the work is small, the condensation is largely brought about by omitting the history and statistics

which ordinarily take up such a large portion of the volume in many of the larger works. The sections on Vegetations and Herpes Progenitalis are new in this volume. On page 167 the author says the removal of vegetations by ligation, by the galvano-cautery, or by caustics, is merely mentioned to be most emphatically condemned. The work is gotten out in remarkably clear type, good paper and with excellent cuts.

A VERY TIMELY TREATISE ON SMALL-POX to sell at \$3.00 is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer, and John H. Huddleston, all of whom are officials of the Health Department of New York City and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic Atlas of Skin Diseases published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of variola in the successive stages of the disease, also unusual phases of variola, vaccinia, varicella, and diseases with which smallpox is liable to be confounded. These illustrations number thirty-seven and will be grouped into ten colored plates, $9\frac{1}{2} \times 10\frac{1}{4}$ inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which will be described the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

ESSENTIALS OF PHYSIOLOGY.—Prepared especially for Students of Medicine, and arranged with questions following each

chapter. By Sidney P. Huggett, M.D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo, volume of 233 pages, finely illustrated with many full-page half-tones. Philadelphia, and London, W. B. Saunders & Co., 1901. Cloth, \$1.00 net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question Compends. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page half-tones, and have been selected with especial thought of the students needs. In every way the work is all that could be desired as a student's aid.

PROGRESSIVE MEDICINE, VOL. IV., 1901.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 400 pages, 13 illustrations. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers and Co., Philadelphia and New York.

The fourth volume of Progressive Medicine comes full of interesting material. The articles are of such a varied and practical character that they appeal to all classes of medical men. Dr. Einhorn covers with great thoroughness medical and surgical treatment of pathological conditions of the oesophagus, stomach, liver and pancreas. Especially interesting is his discussion of pancreatic diseases,

this important subject being at this time so much before the professional mind. The article on Anesthesia, by Dr. Bloodgood, is of great interest. It is gratifying to see the attention paid to Anesthesia of late. The consensus of opinion seems to be strongly in favor of ether, excepting those cases where the contraindications for the use of ether seem to justify chloroform as a general anesthetic. Regarding spinal anesthetization he is quite in accord with nearly all recent authorities upon this subject and says,

"Spinal anesthetization must be considered as yet in its experimental stage." Diseases of the kidneys are well treated by Dr. Jno. Rose Bradford. His discussion of functional albuminuria is of special interest. Several pages are devoted to "Bright's disease of the young." The practical Therapeutic Referendum, with which the book closes, is of the greatest general value to all practicing physicians. It presents with impartial discussion all the recent therapeutic remedies and medicines.

THERAPEUTICAL HINTS.

BROWNIAN MOVEMENTS.

It is well known to microscopists that all particles of matter, when sufficiently subdivided, exhibit oscillary movements, also rotate backwards and forwards on their axis, and gradually (if persistently watched) change their places in the field of view. This characteristic motion is called the "Brownian Movement" because of its discoverer, Dr. R. W. Brown, in 1827. Particles greater than 1-5000 of an inch are wholly inactive. The rate of subsidences of finely divided clays or other particles suspended in water greatly depends upon the activity of their Brownian Movements. It is well illustrated in the comparative test between the Bismuth Magmas prepared by Clinton E. Worden & Co., and the ordinary bismuth salts of commerce as shown in their advertisement in this issue. The Brownian movement may be readily demonstrated by placing a drop of "Bismuthal" (Lac Bismuthi cum Pepsino-Worden) on a glass slide, adding a drop of water, and placing the same under a 600 power objective.

THE TREES OF CALIFORNIA.

Everywhere and all about you are the finest forests on earth—on any earth—the forests which are the birthright of California, and to destroy which would be agricultural suicide. Enormous pines—sugar pine, yellow pine and the high mountain pine—cover the flanks of the Sierras; great firs, spruces, and cedars, rival the largest trees on earth, while above all, supremely prominent over all vegetation, towers the great sequoia, mightiest of trees. Some of these are eight thousand years old, and one of those murdered at Sequoia Mills I counted nineteen hundred and two rings of annual growth. This (small) one was a sapling four feet through at the time of the fall of Rome. Many were twenty and thirty feet through at that far-off time. There will never be such forests on earth again. Neither the State nor the government should ever let another acre of land on the Sierras be denuded of its timber, for on the preservation of our forest depends the fertility of our plains. To destroy the noblest groves and the grandest



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

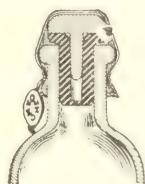
(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL
HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" France
57-59 PRINCE STREET, NEW YORK

Sold by Leading Druggists Avoid Imitations
Mention this Publication

Don't Try to Do too Much.

All we wish to do is to state, plainly, in simple language, a demonstrable fact which is daily becoming more evident and gaining wider recognition. A severe and extended professional experience of nearly forty years has firmly established a reputation for "Colden's Liquid Beef Tonic" as being one of the most reliable and effective preparations of Beef, Iron, Cinchona and Brandy, procurable. A second preparation of the same (Ext. Carnis Fl. Comp. (Colden) Form. No. 2) has the Iron omitted.

The CHARLES N. CRITTENTON CO.,

Sole Agents for the United States.

Laboratory: 115 and 117 Fulton St., New York.

Samples sent free on application, to physicians.

DIRECTIONS

Mix with water,
boil, add milk and
administer

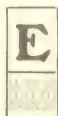
ESKAY'S Albumenized FOOD

IS

Very Easily Prepared

NOTICE

No more trouble
than the boiling of
water



ESKAY'S, being a "cooked" food, has a deliciousness of flavor and palatability that is entirely wanting in raw or uncooked foods, and is relished by patients continuously in all acute diseases requiring an easily digested diet.

**A DOCTOR
WRITES:**

"In addition to its nourishing qualities I find Eskay's exceedingly palatable, a very great consideration with patients on a limited diet."

Samples and clinical reports sent on application to the manufacturers
SMITH, KLINE & FRENCH CO., Philadelphia

for the lumber that is in them is simply brutal. It suggests barbarian demolition of the Coliseum in the middle ages for the old iron which held its stones together. But it is easier to build a hundred coliseums than to restore one sugar pine forest.—David Starr Jordan.

SOMEHING ABOUT SALT.—According to the census report, 15,-187,819 barrels of salt were harvested in 1899, 5,206,510 barrels of which came from Michigan, the first in the list of salt-producing States; New York stands second, with 4,894,852 barrels; Kansas third with 1,645,250, and Ohio fourth with 1,460,516. California, Texas, Utah, West Virginia, Louisiana, Pennsylvania, Illinois, Oklahoma and Massachusetts follow in the order named, none reaching a million barrels. The value of the product was \$7,966,897, or about 50 cents a barrel, a barrel holding five bushels or 280 pounds. This salt, something over four and a half billion pounds, was consumed among something over seventy-six millions of people, about sixty pounds per person. The first attempt to make salt was at Plymouth, Mass., in 1624, the material being sea water, but it was not successful, and until the Revolution we brought out salt from over the sea, instead of out of it. Up to 1812 we made most of our salt out of sea water about New Bedford and Cape Cod. The three kinds of salt produced are rock salt, mined from the veins of the ground; solar salt produced by running the brine into pools where it is evaporated by the sun; and the boiling process, where the brine is boiled in pans and vats; this is by far the most in use, 11,733,166 barrels being produced in this way to 910,974 solar and 2,543,679 rock. The brine used in boiling comes from springs, or wells. The amount of imported salt used in 1899 was only

8.3 per cent. Not included in the productions cited are about four and a half million barrels as intermediate product used in the manufacture of chemicals, not properly marketable salt. If every other source were to stop producing salt, there is still enough in the waters of the Great Salt Lake in Utah to supply the world with salt for thousands of years.—Philadelphia Medical Journal.

J. P. W. Smithwick, M.D., in an article entitled "Therapeutics of Convalescence from La Grippe" says in the Southern Medical Journal "during the past year I have made use of Angier's Petroleum Emulsion with hypophosphites among my patients which were convalescing from La Grippe. All of them improved rapidly with its use, who had done badly under the administration of cod liver oil and various tonics. I have noted no case in which Angier's Petroleum Emulsion caused digestive or intestinal trouble, it being on the contrary well borne by weak and irritable stomachs, etc."

Dr. Smithwick gives clinical histories of a number of cases in all of which the relief of the cough was prompt, digestion and assimilation resumed normal conditions with a consequent improvement in the appetite, there was an invariable gain in weight and the patient's convalescence was prompt and satisfactory in every instance.

SCIATIC PAIN — PROMPT RELIEF.—In reporting his experience in the treatment of sciatica. Fred E. Davis, M.D., of Brookside, Ala., writes as follows in Annals of Gynecology: "I have been giving antikamnia and heroin tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their

success equals or surpasses my own. I meet with many cases of sciatica and until antikamnia and heroin tablets were introduced I was compelled to use a great deal of opium and morphine to relieve the pain. Since then, though, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and heroin tablet every four hours and in forty-eight hours she was up and about and has not felt the pain since. I thank you for the introduction of this most excellent remedy and assure you of my willingness to report the results of still further investigation."

During la grippe and afterwards the experience of thousands of physicians proves the value of Angier's Petroleum Emulsion.

It braces the patient, enables him to withstand the ravages of the disease and guarantees him freedom from the subsequent exhaustion and sequelae.

Angier's Petroleum Emulsion relieves immediately the cough and symptoms of respiratory irritation, palliates the nervous symptoms, and hastens convalescence.

THIER HINTS

The death-rate from pneumonia for the decade ending with 1900 is shown by the United States Census Bulletin of 1900 to have been greater than from any other one cause and 5 per cent greater for the decade referred to than for the previous ten

years. With such a large and increasing death-rate, every physician owes it to himself and to his patients to test Antiphlogistine, which has a well-earned reputation for being the best possible local treatment for this and other inflammatory diseases. Many physicians report that a single dressing applied early, covering the entire thoracic walls and covered with a cotton jacket will often abort the disease.

ASTHMA—A SPECIFIC.—I am very much pleased with Neurosine. It is a specific for asthma. It certainly relieves and cures every time.

L. J. PRATHER, M.D.,

Marshall, Mo.

January 28, 1902.

A DOCTOR'S DERNIER RESORT. —In an obstinate case of hiccough lasting eight days under the skillful treatment of several excellent physicians; as a dernier resort I prescribed your Neurosine with the happiest effect. Two doses gave prompt and permanent relief. The patient was at certain intervals subject to the most violent attacks of hiccough, this last one seriously threatening his life. Neurosine to all appearances saved his life and effectually prevented any subsequent attack. I regard the cure as permanent.

W. H. FARRAR, M.D.,

Surg. St. L. I. M. & S. R. R.

De Soto, Mo., Jan. 20, 1902.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, APRIL, 1902.

No. 4

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE)

MARRIAGE, HEREDITY AND DIVORCE.*

BY H. BERT ELLIS, B.A., M.D., LOS ANGELES, CAL.

Wives are young men's sweethearts, companions for middle age, and old men's nurses. So as a man may have a quarrel to marry when he will, but yet he was reputed one of the seven wise men of Greece (13) that made answer to the question, when a man should marry, "A young man not yet, an old man not at all." (14) Socrates being demanded whether it were more commodious to take or not to take a wife; "Whichsoever a man doth (quoth he) he will repent it." (15)

Marriage is defined in the Century Dictionary, firstly, as the legal union of a man with a woman for life. Being a condition which originates in a contract, but cannot be terminated by the parties' recession, because interests of state and children require the affixing of certain permanent duties and obligations upon the parties. Secondly, as a formal declaration or contract by which act a man and a woman join in wedlock. The civil contract implying intelligent, mutual consent of competent persons, to take each other as a present act, and consent to repudiate one another with

no formalities excepting as imposed by law. (1).

"Marriage is the most important, the most sacred contract that human beings can make. A true marriage is a natural concord, an agreement of souls, a harmony in which discord is not even imagined; it is a mingling so perfect that only one seems to exist; all other considerations are lost; the present seems to be eternal. The idea of contract is lost, while duty and obligation are instantly changed into desire and joy, and the two lives, like uniting streams, flow on as one." (2)

Bacon in his essay on "Marriage and Single Life" says: "He that hath a wife and children hath given hostages to fortune; for they are an impediment to great enterprises, either of virtue or mischief; but on the other hand a wife and children are a kind of discipline of humanity." (14)

The marriage idea has been an evolution as viewed from the purely natural history view. Among the lower savages, the relations of the sexes were substantially like those

*Read at the Possessionist Annual Address at the Los Angeles County Medical Association, delivered January 29th, 1902.

of the brute creation, a fight of the males for the possession of the females. There were no family relations as we understand them, and in many of the tribes there were no forms of union, and in others where such a ceremony existed it amounted to scarcely more than the voluntary commencement of living together; consequently these unions were loose and transitory, making the domestic relations incoherent and indefinite.

The type of family life in which one wife had several husbands has occasionally existed, but has been uncommon throughout the history of the human race; though the converse, many wives for one husband, was an almost universal habit among savages, still exists in some semi-civilized societies, and even among those of considerable civic development, and has an existence in fact though not in name, to a considerable extent in all civilized countries. Polygamy gradually passed into monogamy, the almost universal legal condition at the present day, by reason of poverty and the more developed conception of property, for after paying or working for a wife a man would the more vigorously resist her abstraction by another, and especially if the other already had one or more wives.

In times of war great numbers of males were killed, and in order that the tribe might be the more quickly reproduced one man would take unto himself many wives. As war decreased and peace intervened there was more of an equalization of the sexes, so less opportunity existed for the plurality of wives. As monogamy increased family ties became closer by reason of the closer consanguinity of the children. (3)

"The true family is the result of the true marriage, and the institution of the family should above all things be preserved."

"The good home is the unit of the

good government. The hearthstone is the cornerstone of civilization. Homes should be filled with kind and generous fathers, with true and loving mothers; and when they are so filled, the world will be civilized. Intelligence will rock the cradle; justice will sit in the courts; wisdom in the legislative halls; and above all and over all, like the dome of heaven, will be the spirit of liberty." (2)

In the common prayer book of the Episcopal Church, which may be taken as a type of most prayer books, we find stated that marriage was ordained for the procreation of children, etc.; for a remedy against sin and to avoid fornication; and for the mutual society, help and comfort that one ought to have of the other. (4) A modern philosopher has said: "The final aim of all marriage, all love intrigues is really of more importance than all other ends in human life; what it all turns on is nothing less than the weal or woe of the next generation. Not that of any one individual, but that of the human race to come, is here at stake." (5)

In reference to procreation Spencer says "of every species it is undeniable that individuals which die must be replaced by new individuals or the species as a whole must die, and further, the new individuals must be as rugged as their progenitors, or the quality of the stock will suffer and finally dwindle to death." (3)

Assuming that procreation of the race is one of the objects of marriage, it certainly should be the desire, if not the object, of every married couple to bring into the world as perfect beings as possible, physically and mentally, and if so there results the obligations that this may be done in the best manner possible; that is, as each individual is indebted to past individuals for his reproduction and rearing, so he should be under some duty in regard to future

individuals. There needs no insistence upon the truth that if domestic responsibilities are entered upon without a fair prospect of efficiently discharging them, a wrong is done, especially to children, and by implication to the race. (3)

Heredity is universal. Wheat produces wheat, and each animal produces others of its kind. Deformities are sometimes transmitted and defects of organs are not infrequently inherited, as well as special modifications of organs, caused by special changes in their functions.

A child comes into the world with life and certain gifts from its parents, resulting from the union of two minute cells. How these cells, microscopic as they are, contain within themselves all the possibilities of disease and pauperism, on the one hand; or health and exalted leadership, on the other, is a mystery which has not yet been solved; but we do know children are born loaded with incumbrances, frequently so burdensome that they prove a curse to their possessor, sometimes so free that there exists no doubt of the results in the race of life. (6)

To take the step from which will result a poverty stricken household, containing a half starved, half clothed family is, if estimated by entailed miseries, something like a crime. When, after long years of pain, anxiety, cold and hunger to adults and young, some out of the many born have been reared to maturity, ill grown, unhealthy and incapable of the efforts needed for self support it becomes manifest that there have been produced beings who are at once cares to themselves and to the community. Nothing but severe condemnation can be placed on conduct which has such consequences. (3)

In the management of the stock farm the farmer recognizes the great law of heredity; the animals which he selects for propagation are always

the best of their kind that he may be able to obtain. By the well-known rules of stirpiculture, the farmer cultivates perfection of form and position in his domestic animals, suited to a great variety of purposes. Heredity, pedigree, variations, combinations are all carefully studied, and definite ends striven for and usually obtained. But, when this same intelligent farmer turns to the choosing of his own mate and the rearing of his own progeny, those wise and careful rules of breeding are wholly ignored. He puts blinders on his horse sense and turns the reins over to ignorant caprice, to unreasoning sentiment, to mercenary considerations or to selfish lust, and what can be expected of the results? (7)

Under our high civilization, diseased, defective and dependent man is propagated, cultivated and protected and his degenerate offspring are nursed to maturity, that they, in their turn, may bring forth more miserable beings; this might not be so serious a condition if like were mated to like so that the Scriptural statement might be carried out, that the "sins of the parents will be visited upon the children even unto the third and fourth generation," by which time that branch of the race would have died out; but, grafting on to new stock perpetuates the evil, and I think, therefore, we do well to question the institution of marriage in our present civilization when we compare its results with those of other ages, when viewed from a physical and sanitary standpoint.

In the evolution of citizenship and government among the ancient Greeks the fundamental idea was the development of physical perfection in the beauty, strength and symmetry of the human form; to this end the youth of both sexes were given over to the gymnasiums for careful training. Under the laws of Lycurgus all infants

were inspected by the ephors, who culled out the feeble and defective and ordered their destruction. For every Spartan boy must become a soldier and every Spartan girl must be fitted to become the wife and mother of a soldier, that both might the better serve the state. So it came to pass that the word "Spartan" became the synonym for vigor and endurance and courage. There was no need for asylums and penal institutions for the feeble minded and degenerates of crime in such a commonwealth. (7)

The salvation of every society, as of every species, is dependent upon the maintenance of an absolute opposition between the rule of the family and the rule of the state.

To survive, every species of creature must fulfill two conflicting conditions. During a period, every member must receive benefits in proportion to its incapacity; after that period, it must receive the benefits according to its capacity; and by this process there is maintained that quality of the species by which it is able to survive in the struggle for existence. (3)

It is certainly a fact that until the interests of health are recognized the insuperable right of progeny cannot be secured nor can the family and the home be protected from the devastation of disease and its sequelae. The Hon. C. W. Parker, of Ohio, says "education alone can enlighten the world of the necessity of lessening the spread of the hereditary taints now sent broadcast by the millions of diseased couples procreating their own kind. Their children in turn, by the enormous increase of each generation, endangering the health of the nation." (8) The time has come for legislation to prevent such evil as menaces by its consummation the welfare of the community; that is, the law of the land should not allow the criminal, the dipsomaniac, the

consumptive, the syphilitic or the imbecile to marry.

* Of the seventy million people in the United States, ten million will die of tuberculosis, and before death, these lungless ones will have done their full share in producing a race of contracted-chested and otherwise deformed human beings.

Gould says "sin is the thing we and others have found should not be done" and the relationship of sin and disease has been recognized by all great philosophers. The care of the child demands the parents' attention and lifework. This compels monogamy. Unchastity was thus one of the earliest recognized sins, and from it, result syphilis and gonorrhea. All the horrors of syphilis, gonorrhea and prostitution would cease with the cessation of unchastity. We cannot reform a drunkard or produce absolute morality by law. No matter how sincere the prohibitionist may be, he is the enemy of real reform and true progress. The origins of evil must be attacked, and to do this, general education on the subject must be established. The spread of syphilis and gonorrhea and the increase of alcoholism may be largely prevented by proper legal measures, of license, registration and sanitary inspection. Continuous and clear-headed efforts to these ends must be exerted despite the frantic screams of misguided sentimentalists who act without intellect and without study of facts. (9)

Dr. Samuel T. Gross, in an article headed "Syphilis in its Relation to the Public Health," read before the American Medical Association in 1874, said, "It would be a matter of deep interest, and in a practical way, of the greatest possible value, if we could ascertain, even approximately, the extent of syphilis in our cities and larger towns; but for such a decision, there are, unfortunately, too few data. Certain it is, that it is of gigantic pro-

portions; that it exists in many of the best and noblest families of the land; that since the establishment of railroad travel, it has penetrated every rural district, and that it is poisoning, and slowly but surely undermining the very foundations and fountains of life in every direction, sowing the seeds of death among our people and gradually deteriorating the national health. When a pestilence, e. g., smallpox or cholera breaks out in a community, and threatens to decimate its population, every man's fears are at once aroused and steps taken to counteract its progress; but here is a disease a thousand times worse than the deadliest epidemic, doing its work slowly, and, as it were, in disguise and darkness, ruining entire families, destroying many of our best men and women, and laying the foundation of untold misery, wretchedness and woe, not infrequently extending through several generations." (10) And yet no national systematic effort is made to stay its ravages in this country.

Much has been written about the decrease in the number of births both in France and this country; what we need is not more but better and healthier children. The best infants are born of women at about the age of twenty-five. One-fourth of the human race dies before the first year of life has passed. When the fifth year is reached, one-half of all who have been born alive, have perished. As I have already intimated, probably the greatest factor in this early mortality is defective parentage, which has transmitted an enfeebled vital resistance to the offspring. It is a recognized principle of representative government that its individuals have the right to protection by the state, from injury, which they are powerless to avert, for instance, cholera, smallpox, etc. And to these should be added tuberculosis, gonorrhea and syphilis,

the ever-present trio, which causes more deaths annually than all the combined epidemics of the century. Tuberculosis cuts off from ten to fifteen per cent of the human race; syphilis plays havoc in the marriage relation, being the greatest disease cause of abortions and still-births. One-third of all syphilitic pregnancies are still-born, another third drag out a first six months of existence, and the remaining third drag out a short-lived, miserable existence. It is variously estimated that from ten to twenty-five per cent of all females become gonorrheic, usually after marriage, while the majority of males have the disease, usually before marriage. A large proportion of these remain uncured or have latent stages for indefinite periods, during which time, they are capable of imparting these conditions to others.

All men and women entering the bonds of wedlock have a right to know that their bodies shall not be contaminated through this relation, by reason of already-existing diseases. They have a right to know that their progeny shall not be the victims of hereditary diseases or direct infection from the same source. Every unborn child, debarred as it is from choice of parents, time, place, manner and station of birth, has its recognized legal rights, and among these, should be the privilege of being born free from the curse of a clearly preventable disease. (7)

As a problem for the legislatures in the regulation of marriage, there are many things to consider. The number of males who view with abhorrence the idea of a physical examination is very great. To these must be added the female candidates for matrimony. By reason of their lives of fashion and folly, the majority of them would seriously object to a physical examination. Many women have been brought up to think that ignorance

of all sexual matters is a certificate of innocence, and they frequently pride themselves on their lack of information which is positively criminal in its results. We see such women bring into the world daughters as unsexed as themselves, frail, sickly, inane creatures, who, from the cradle to the grave, are without that vital sexual stimulus that alone can fit a woman for wifehood and maternity. They know nothing of what is required of the marital relations, nothing of the effects of disease as transmitted from generation to generation, nothing of the responsibilities of wifehood and nothing of the almost divine possibilities involved in an educated maternity. Such women in their ignorance and folly will put forth all their efforts to discourage any discussion of what seems to them an indelicate subject, unfit for converse, having not the slightest realization that a comprehensive view of the matter might result in legislative restrictions which would be of vital importance to them individually and collectively. (8)

While nearly all subjects of needed reform are openly and freely discussed, a false shame, a prurient mock-modesty blushes if the well-being of progeny is discussed, and seeks to silence all questions if they but remotely lead up to that most vital obligation, our responsibility to future generations. (11) There is a class of men who would oppose any restrictive legislation along these lines because they are vitally concerned. No man is more violently opposed to an examination than the one who knows he will be rejected. No man is more outspoken in his opposition to all restrictive legislation than he who knows that he has no right in the sight of man or woman to perpetuate his own condition. No man is more sure to harp on the rights of all than he who is deceiving the world and the woman who loves him, and denying to

her the right to know the truth that he is not fit to become the father of her child. (8)

If the wedded ones, the male or the female, be persons of known inebriety or dissolute character, their union becomes an added burden to the tax payers or the charitably inclined, for their ever-increasing progeny must be supported. If a man or woman be weak-minded, an imbecile, or a pauper, the city or the county will have, within a short period, very tangible proof of its interest in the union of two free souls. Dugdale, a member of the prison association of New York gathered data of a criminal family named Juke, which shows to what a terrible extent one family can vitiate the human tide. Five Juke sisters in seventy-five years had twelve hundred descendants, embracing every form of degenerate; 280 paupers, 140 criminals, 60 thieves, 7 murderers, 165 prostitutes, 91 illegitimate children, 480 known cases of venereal disease. The years of pauperism and infamy of this family cost the State of New York \$1,308,000. Can one readily believe, or any system of reasoning demonstrate, that these Juke women had the right to saddle the community with this burden of debt and infamy? "As the child is but the composite of what the parents are and the ancestors have been, the Presbyterian doctrine of being born to be damned, is not so far from the truth as we may think." (11)

"But what has ethics to say concerning choice in marriage—the selection of wife by husband, and husband by wife? It has very decisive things to say. Current conversation proves how low is current thought and sentiment about these questions. 'It will be a very good match for her,' is the remark you hear, respecting some young woman engaged to a wealthy man. Or concerning the choice of some young man, it is said,

'She is well connected and a well considered girl, and her friends will help to advance him in a professional way.' Another engaged pair described as well suited, 'He is a domestic man and does not care much for society.'" Or perhaps the impending marriage is applauded on the ground that the lady will make a good housekeeper and make the best of a small income; or that the proposed husband is good tempered and not too fastidious. But about the fitness of the connection, as considered not extrinsically but intrinsically, little or nothing is said. (12)

The first ground of ethical judgment is the reciprocal feeling promoting the union. Where there exists none of that mutual attraction which should be the incentive, both nature and ethics protest. Marriages of this class are simply returns to earlier types, marriages of convenience, and are in fact nothing more than legalized prostitutions.

But passing over the interdict which ethics utters on marriages which are mercantile, or which arise from other motives than affection, we are obliged to notice the physiological edict. It is only in extreme cases that either those directly concerned in these marriages, or their friends, think of the possibilities of offspring. What will the harvest be? A feeble mind or a bad physique is but rarely thought a sufficient reason for rejecting a suitor. (12)

While a great step in advance would be accomplished by national or state laws regulating the matter of marriages, both as to those who may not and those who may engage in matrimony, still the whole ground of my contention is not covered, for we are obliged to acknowledge that many births take place out of wedlock, and frequently such children make most brilliant adults, where true love and healthy conditions of mind and body

have begotten them; but more frequently than otherwise, such births are the result of illicit connections among that class of humanity that should be restricted from marriage by law. What may be done to overcome this difficulty? Dr. Walter Lindley, in delivering his presidential address before the California State Medical Society in 1890, struck the keynote of the question when he said: "The physician has been the leader in many reformatations, and he should be active in moulding public opinion for many yet to come. It is a common practice among farmers to castrate and spay their animals for various purposes, and particularly to prevent poor stock from being multiplied. The ordinary colt is gelded and the ordinary calf and pig are deprived of their procreating powers, but the ordinary, diseased and idiotic human is allowed to burden the state with a pauper and criminal offspring that become almost innumerable in the generations of which he is the ancestor."

"It is true that the surgeon frequently spays his patient for various painful, nervous and physical disorders, but our government has not yet authorized the unsexing of any class to prevent its perpetuation and multiplication."

"Zoroaster taught that the three most meritorious acts were to plant a tree, to cultivate a field and to beget children; and the world hesitates to interfere with this God-given right. An idiot is deprived by law of some privileges, but not of this. The man who commits rape is sent to prison for a little while, receives freedom and satisfies his passions with more consummate cunning, and the murderer ranges the face of the earth protected by law in begetting a race of murderers."

"Knowing, as all surgeons do today, that castration and spaying are simple

operations, that can be performed with about as little danger as the ancient rite of circumcision, I do not hesitate to advise that the following cases be required by law to submit to this procedure: Idiots, those who commit or attempt to commit rape, murderers and some classes of the insane. Now, who wants to see any of the above types indefinitely increase? Let us then try to aid America in adopting and enforcing a law that will lead to the production of a race that will surpass that which resulted from the wisdom and foresight of Lycurgus." (16) It seems to the writer that to the classes mentioned by Dr. Lindley for unsexing should be added the habitual criminal.

No private right is lawful if it is a public wrong. We may be very sorry for the thief, but we lock him up when he steals our goods: we pity the fool and the insane but we cannot permit them to remain at large: the drunkards are prayed for, but we put them in an inebriate asylum when they become troublesome: murderers are wept for, but are imprisoned, and when the safety of the community demands it, are hung. In short, we protect ourselves from all sorts of depravity, but we leave the one most vital unprotected. We imprison the thief and point the finger of scorn at the prostitute, but when they come together in the holy bonds of matrimony, a minister of the Gospel pronounces it an ordinance of God, and the community is forced to stand helplessly by and note the teeming swarms of vicious progeny that are bound to be the fruits of such a marriage, (11) for we must ever bear in mind that Nature punishes always and pardons never when her laws are violated or disregarded. (17)

The hope of this world is in its childhood. Every child has the right to be well born, that is, first to be born of

love, second to be born of health, sanity and morality. If society has the right to punish crime, it certainly has the right to protect itself against the production of criminals. It has the right to take from every criminal, male or female, the power of procreation and to demand of the incurably diseased that they bear no children.

As indicated before, we ought to have a physical examination to insure the health of progeny born in wedlock; we ought further to have a reasonable and logical, a just and humane, method of protecting the commonwealth from the vicious progeny who will unlawfully, undoubtedly, "increase and multiply" and impoverish the earth.

Lombroso has shown by statistics that at least three-fourths of all crimes are committed by habitual criminals, and that there are certain anatomical defects which characterize them; so that it is evident that there are many who are undoubtedly born criminals. Those who are not so born acquire their vice by association and contact with the criminal classes, especially while young. If we could eliminate the possibility of all criminals having children, it is evident that there would be very quickly a marked decrease in this class. Ochsner says "In order to accomplish this end in male criminals, a method must be employed which will not, in itself, be a punishment to the criminal. It must not result in a deformity, neither must it endanger his life, nor must it interfere with his enjoyment of life, should he reform and become a useful member of society.

Castration has been recommended for certain crimes and has been practiced without legal sanction in many cases, and in the opinion of the writer, it seems the punishment par excellence for committers of rape. Whenever and wherever it has been ad-

vocated, it has met with the strongest possible opposition, because it practically destroys the possibility for the future enjoyment of life: but it seems to be possible to obtain the same results, as far as sterility is concerned, without in any way interfering with the criminal's possibilities of future enjoyment.

By thoroughly disinfecting the skin surface over the external inguinal rings, infiltrating the tissues with Schleich's solution, incising along and over the cord for about one inch down to the vas deferens; isolating this structure for about half an inch, ligating with catgut and cutting a quarter of an inch below; closing the wound with buried sutures and applying collodion dressing, a skillful surgeon may finish this operation on both sides in less than ten minutes, without pain and with scarcely any scar. This treatment could be reasonably suggested for chronic inebriates, sexual perverts, habitual criminals, paupers and the hopelessly insane, as well as for cases of advanced tuberculosis. (18)

In so far as female criminals are concerned, nature frequently protects the community against the likelihood of offspring because a very large proportion of these individuals acquire a specific endometritis and salpingitis, which frequently results in occlusion of the Fallopian tubes early in their career, causing their sterility. Ligation and section of the Fallopian tubes has been suggested as a method of preventing conception, by Professor P. G. Spinelli. He recommends one of two methods, either one of which is tolerably easy of execution, and practically devoid of any serious danger. The first method is to open the peritoneal cavity from the posterior vaginal fornix, drawing the uterus downward and forward and making a transverse incision between the uterosacral ligaments. The tubes are then sought with the fingers, drawn through

the wound and ligated, then the wound is sutured and patient is kept in bed twelve days.

In the second operation, the opening is made in the anterior fornix between bladder and uterus; the bladder is dissected away and the fundus of the uterus is drawn through the wound, the tubes are ligated in two places and divided between the ligatures.

There are numberless instances where this easy and safe method of rendering women sterile might be used to advantage, either to the individual or the community. There are many cases where the laws of the land should prevent marriages, which might be consummated with safety to the community if these methods for sterilizing the participants were adopted. (19)

The monogamic form of the sexual relation is manifestly the ultimate form. Many acts that are normal with the uncivilized are transgressions and crimes with the civilized. Promiscuity, at one time unchecked and the common mode of life, has been more and more reprobated as civilization has advanced. Abduction of women, originally honorable, is now a crime. The marrying of two or more wives allowable and creditable in inferior societies, has become in the higher civilization, a felony. Hence, future evolution along these lines may be expected to extend the monogamic relationship by extinguishing promiscuity and suppressing bigamy and adultery. The dying out of the mercantile element in marriage may also be expected. After wife-stealing became wife-purchase, and so became more of a consideration of property than personal preference, the mercantile element remained though its form has been largely disguised. Already there is much disapproval of those who marry for money and position, and as this expression in-

creases, the tendency will be to make the monogamic union more real, instead of being, in many cases nominal. Spencer in 1874 wrote, "As monogamy is likely to be raised in character by a public sentiment requiring that the legal bond shall not be entered into unless it represents the natural bond; so, perhaps, it may be that maintenance of the legal bond will come to be held improper if the natural bond ceases. Already increased facilities for divorce point to the probability that whereas, while permanent monogamy was being evolved the union by law (originally the act of purchase) was regarded as the essential part of the marriage, and the union by affection, as non-essential; and whereas at present the union by law is thought the more important, and the union by affection the less important, there will come a time when the union by affection will be held of primary moment, and the union by law of secondary moment; whence reprobation of marriage relations in which the union of affection has dissolved. That this conclusion will be at present unaccepted is likely, I may say, certain." (12)

However the history of marriage and divorce tallies with the history of womanhood. With the steady advance of woman, higher and higher conceptions of marriage have been held, while a more and more liberal divorce policy has inevitably followed. Marriage as understood today, may be described as serving two purposes; first and directly, the happiness of the contracting parties; second and indirectly, the welfare of the children resulting from the union.

The purposes of divorce are identical with those of marriage, the second and indirect reason of the one becoming the paramount reason for the other. To perpetuate in the home an atmosphere of misery that rapidly turns to hate is a crime against both

children and parents; it incapacitates the family for usefulness, and brings to light the darkest relics of our human past. To rear children under such conditions is an outrage to every responsibility of parenthood. Unless both father and mother are strong enough simply to refuse to hate each other, resolutely putting away both love and sorrow in order to make a peaceful, if not a happy home for their children, then they ought to separate. Few, indeed, are capable of making such an exalted sacrifice; and to keep the home up for the children's sake, and not to hide every trace of discord and dislike, is a selfish, heartless cruelty to innocent and joyous childhood. Children had better far grow up with only one parent, surrounded by love and peace, than with both, environed by hate and strife.

Marriage being wholly a private and civil contract, with which religion has nothing to do, unless to perform the ceremony at the wish of the contracting parties, should be capable of being dissolved by the simple, mutual agreement of the two themselves, they being best able to say whether or not they are fitted to live together.

When society compels a woman to live with a man she loathes or fears, it invites children that are veritably born of sin and conceived in iniquity. Will any good man say, will any good woman declare that a true, loving woman should be compelled to be the mother of children whose father she detests? Is there a good woman in the world who would not shrink from this herself? When the world is civilized, no woman will become a mother against her will, but then, no woman will enter into a marriage contract unless she is willing to have children by the man who will become her husband.

Our laws do not permit husband and wife to join in a petition for divorce; that is collusion and fraud between

the parties. This compels those who have found life together intolerable, to resort to the defamation of character, the exposing of the most sacred and secret things of life, to perjury, the subordination of witnesses. All this in the presence of gaping crowds and to the detriment of public morals. In all cases of mutual agreement, the court should have the right simply to witness the transaction and to put it on record. In cases of disagreement as to separation, it should be the duty of the court to see that a just and equitable settlement is made of the property and that the children are properly placed and supported.

No law can legislate the human passions out of existence, nor long, nor much, control them; and it is the wise man who believes that honest liberty is better than dishonest license. As to the State having anything to say as to when divorced persons shall re-marry, the State has no more right to dictate by a day upon such personal liberty than it has to say when a bankrupt shall begin business again; (20) although it is the immediate marriage after divorce, either of the so called innocent or guilty party, that has helped to bring divorce into such questionable repute.

Of course the writer understands that those who look upon the teachings of the Bible and the church as infallible (and the number is not small) believe that the canonical cause for divorce is the only one. But others (and their ranks are rapidly filling up) see in "non-support," "gross neglect of duty," "extreme cruelty," including either or both bodily injury or great mental suffering, "habitual drunkenness," the habitual, excessive and intemperate use of opium, chloral, cocaine or other such drugs, "incurable insanity," the conviction of felony or infamous crime, I repeat, many see in these justifiable causes for divorce. But the

general term "incompatibility" which may mean much or little, expresses the real condition of affairs in the great majority of divorce cases.

The incompatibility that ends in divorce should not be merely the climax of hysterics, it must be founded on deliberate judgment, intellectual forethought and persistent endeavor to have fulfilled all one's social, moral and intellectual obligations. The delusions of selfishness are so chimerical that it is a question whether incompatibility should be a ground for divorce between a childless couple; and certainly under any circumstances incompatibility should be endured for a considerable length of time before it is alleged a cause for divorce.

Whether greater uniformity in legislation is to be effected by national or inter-state authority, it is absurd that a divorce granted in one State is not in force in another State, and that the same two persons living in holy, legal wedlock in one State are leading a criminal existence in another by merely the continuance of the same relations to each other as that previously held. Scarcely any subject becomes more involved with the personal point of view than marriage and divorce. One may argue from expediency, but one acts from feeling; though expediency and right are usually identical in their finalities. Hence it is that any commission on uniformity of marriage and divorce laws, whether national or state, should include among its members neither cranks, in rampant search for personal freedom, nor moral fanatics ablaze with reformatory zeal for the protection of the home. It might be well, also, that on such a commission there should be a small minority of divorced persons who could argue from experience; since those who are more or less happily married think others might have managed as well as they did, few people having sufficient imagination to conceive that the oppo-

site of their own ecstasy must be misery. It is those who do know the peace and strength of a harmonious marriage who should see to it that others are not obliged to lead a life-long discordant union. (21)

BIBLIOGRAPHY.

1. Century Dictionary.
 2. Legett G. Ingersoll.
 3. Herbert Spencer. Principles of Sociology.
 4. Episcopal Prayer Book.
 5. Schaffenhauer.
 6. Daniel R. Brown, M.D. Journal A. M. A., 3-3-1900.
 7. Albert H. Burr, M.D. Journal A. M. A., 3-3-1900.
 8. Hon. C. W. Parker. Journal A. M. A., 3-3-1900.
 9. George M. Gould, M.D. American Medicine. 8-31-1901.
 10. Samuel D. Gross, M. D. Journal A. M. A., 1897.
 11. Alice Lee Moque, Journal A. M. A., 3-3-1900.
 12. Herbert Spencer, Principle of Ethics.
 13. Thales, 600 B. C.
 14. Francis Bacon. Essays.
 15. Michael Montaigne. Essays.
 16. Dr. Walter Lindley. Trs. Cal. Med. Soc.-1890.
 17. Dr. Trall.
 18. Dr. A. J. Ochsner. Journal A. M. A., 4-22-1899.
 19. Editorial. N. Y. Med. Journal. 6-26-1899.
 20. Mrs. J. E. Roberts. Marriage and Divorce.
 21. Mrs. Kate Gammett Wells. N. A. Review, 10-1901.
- Better Divorce Laws. Ind. 53:111, Jan. 10, 1901.
 Divorces Promise to Obey. Ind. 53:403, Feb. 14, 1901.
 Divorce in Marriage. Pub. O. 30:268, Feb. 28, 1901.
 Divorce Problem in France. Pub. O. 30:313, June 27, 1901.
 English Marriage Rate. (J. H. Schoeding) Fortn. 75:959, June 1901.
 Ideal Husband. (L. Hart) Cosmop. 31:444, Aug. 1901.
 Ideal Wife and Helpmeet. (L. Hart) Cosmop. 30:638, April 1901.
 In Aid of Decency. Harp. W. 45:426, April 27, 1901.
 Individualism and Social Responsibility. (M. Deland) Ind. 53:1172, May 23, 1901.
 Let Love be Controlled. (L. H. Harper) Ind. 53:1477, June 27, 1901.
 Minnesota's New Requirements. Pub. O. 30:526, April 25, 1901.
 Marriage and Divorce. Harp. B. 33:2935, Dec. 8, 1901.
 Marriage and Divorce. (R. W. Taylor) Harp. W. 45:573, June 8, 1901.
 Marriage and Morality. Westm. 156:184, Aug. 1901.
 Marriage Ceremony. Outl. 68:663, July 28, Aug. 3, 1901, pp. 890.
 Marriage Returns. (R. W. Brokaw) Outl. 66:1007, Dec. 22, 1900.
 Marriages Among College Women. Outl. 69:256, Oct. 5, 1901.
 New York's Repudiation of Common Law Marriage. Pub. Opin. 30:525, April 25, 1901.
 Proposed Canons of Divorce. Outl. 69:231, Sept. 28, 1901.
 Proposed Episcopal Canon of Marriage. Ind. 53:1536, June 27, 1901.
 Recent Divorce Decisions. Outl. 68:141, May 18, 1901.
 Strong Wives and Weak Husbands. Outl. 67:17, Jan. 5, 1901.
 Supreme Court and Divorce. Pub. O. 30:524, April 25, 1901.
 To a Young Man About to Marry. (E. Bok) L. H. J. 18:16, Oct. 1901.
 Wife's Share of the Income. (M. A. Welch) Harp. B. 34:922, April 6, 1901.
 Blood of the Nation. (D. S. Jordan) Pop. Sci. M. 59:129, June 1901.
 Drunkenness and Heredity. Cur. Lit. 31:341, Sept. 1901.
 Heredity and Parentage. (H. Ellis) Pop. Sci. M. 58:595, April 1901.
 Heredity in Man. (W. Seton) Cath. W. 74:67, Oct. 1901.
 New Interest in Posterity. Scrib. 29:506, April 1901.
 Plea for Posterity. (H. Gifford-Ruffe) Westm. 156:26, June 1901.

CHLORO-ANAEMIA.*

BY E. E. MAJOR, M. D., REDLANDS, CAL.

In selecting my subject for this paper I am not unaware that I have chosen a somewhat unpopular one. But, although a disease may be of such common occurrence yet so seldom result in death that we incline to

regard it lightly, or as of but passing consequence, it may not thus be proven to be unimportant or unworthy the most careful consideration. The obstinacy which chlorosis sometimes exhibits in its resistance of treatment, its

*Read before the Redlands Medical Society Feb. 19, 1902.

tendency to recur again and again, and the oft-seen baneful results tending toward chronic invalidism, and the liability to the development of serious complications are of such consequence and importance that I believe it well to review the subject briefly in this paper.

That the cause of this form of anaemia is but imperfectly understood is apparent from the great variety of inciting influences which have been pointed out, which have been found wholly absent in many of the cases that come under the physician's care. The disease being almost wholly seen in young girls at about the time of puberty suggests the probability of its connection with the development of the reproductive organs, but this assumption is far from proven, if, indeed, it be at all tenable. I will not take your time by presenting any extended analysis of the many causes which have been suggested as productive of chlorosis, as it is not my purpose to enter upon an exhaustive discussion of the etiology of the disease, a matter which is, we must confess, obscure. The suggestion that constipation enters largely into the causation of chlorosis should not, however, be omitted, as it is no doubt a hint toward a correct understanding of the nature of the disease, though probably not so entirely accountable for its pathological phenomena as its author assumed. It is, however, in line with a more recent theory that chlorosis results from decomposition within the bowel of such foods as contain iron, thus robbing the system of this very necessary element. It is believed this decomposition is produced by an excess of alkaline sulphides whose presence and activity within the intestine are due to that bane to the health of women—constipation. Without questioning too greatly Trousseau's argument

intended to show the disease to be of neurotic origin, considerable confidence may be placed in the theory of decomposition within the intestinal tract, as we may thus understand why in the treatment of chlorosis aperients are of such unquestioned value and importance, and why certain non-assimilable salts of iron have proven so effective a remedy. Whatever the specific agency that may be rightly held accountable for the production of chloro-anaemia, we know that we find in this disease a condition of serious impoverishment of the blood in which the vital fluid, though not greatly if at all diminished in quantity, shows a diminution of the red globules to the extent of from one-third to one-half of the normal condition, a weakened circulation, cold extremities, diminished muscular power, mental apathy, nervous irritability, aversion to and inability to endure much of physical or mental exertion, and the liability to permanently impaired health. It is not necessary to go far into the very familiar symptomatology of the disease.

Having thus imperfectly outlined a few of the points to be considered, and having our attention directed to the disease as being primarily an ailment of girls during the period of growth, physical, mental and moral development, it is easy to understand that whatever will tend to exhaust the physical vitality of our girls, or whatever will over-burden their mental faculties and nervous forces will favor the development of, not chloro-anaemia only, but of a long train of physical disorders which we may well fear threatens modern American womanhood with permanent and almost universal impairment of health. It may not, therefore, be improper or inopportune to introduce into this paper some comment upon the

influence our modern school system is having upon the health of our girls. All are of one accord that the education of girls and boys alike is of great importance to their happiness and usefulness in life, and must not, unnecessarily, be neglected. We know, too, that much has already been attempted through kindergarten instruction for the lowest grade and physical culture in the higher grades toward alleviating the evils that pertain to modern school requirements, and we may well greet every such admission upon the part of educators and boards of education that the evil does exist with our most cordial appreciation and approval. But the unfortunate fact remains that the school life of girls is at its height of vigorous prosecution at a period when their physical condition least justifies the demand thus put upon them, and they are the least prepared to endure over-exertion. For several months at a time they are required to encounter confinement to a school room usually crowded to its full capacity, seldom sufficiently and suitably ventilated, there to undergo day after day mental exertion almost, or quite, to the point of exhaustion, thus frequently over-tasking both mental and physical power at the age when the development incident to approaching womanhood, with its sensitiveness and irritability of the nervous forces, demands an abundance of pure, out-of-door air and an equality of mental activity, rest and suitable physical exercise.

There is abundant testimony from the pens of many able writers to indicate that it is the consensus of knowledge upon this question that altogether too much is undertaken for the time allotted to the courses of study in our preparatory schools. Much as might be said and should be said upon this question and its kin-

dred theme, the over-work of young women in our colleges,—than which no more important problem has ever presented itself to the American people for their wise solution, it may not be proper to further discuss the question in this paper, and I must return somewhat abruptly to the consideration of the theme before us. There is usually little difficulty to distinguish true chlorosis from the other forms of anaemia, such as the anaemia that ensues upon severe hemorrhage, or which results from malarial poison, from tuberculosis, or the form of anaemia designated in the text-book pernicious anaemia. The physician has, however, been urgently warned against failure to differentiate true chlorosis from "false chlorosis," the latter term being employed to designate the anaemia which is a common symptom in the incipency of tuberculosis, lest the administration of iron convert the "false chlorosis" into tuberculosis, as it was believed the formation of tubercle would be hastened by this treatment. The importance of this warning has, no doubt, been greatly modified by the almost universal acceptance of the fact that tuberculosis results from infection by the tubercle bacillus. In the light of this scientific conclusion it is very probable that the cases once described as "false chlorosis," and which were supposed to be converted into tuberculosis by treatment with iron, were, in fact, tuberculosis from the beginning, and would have ultimately developed into well-defined tuberculosis whether or not the patient were subjected to treatment, with iron as the principal remedy.

Of the complications which are liable to occur in chlorosis, all of which probably depend for their development upon the impoverished condition of the blood and the consequent nerve-prostration, cardiac dilatation, result-

ing from an enfeebled condition of the cardio-muscular walls, this enfeeblement being the result of imperfect nutrition, is of grave importance since the tardiness of the circulation contributes to the occasional formation of thrombi in the veins. Although thrombosis is not a frequent complication of chlorosis, it should not be forgotten that it does sometimes occur in this disease with fatal results. Gastric neuralgia, independent of gastric ulcer, occasionally occurs as a most painful and harrassing complication of chlorosis; but, since it is so very difficult to distinguish early in the history of a case between simple gastralgia and gastric ulcer, and, since ulceration of the stomach is not an infrequent occurrence in chlorosis and is, withal, a serious complication, if there be any doubt as to the true character of the gastric disturbance, it is far safer to treat the case as though the diagnosis of ulcer were fully established lest, if the ulcer exist, neglect of proper treatment may result in the development of a perforating, or a chronic ulcer. The frequency of occurrence of gastric ulcer as a complication of chlorosis is admitted by all experienced observers. Therefore, in a chlorotic patient in whom the anaemic condition has become well established, any considerable degree of gastric disturbance which might ordinarily be considered functional in character, should immediately arouse the suspicion that ulceration of the stomach exists as a complication, and the treatment should be in accord with that theory. Because of the general—and especially the nervous—debility which is the characteristic condition in chlorosis, the disease appears to pave the way for the onslaught of tuberculosis and to invite attacks of hysteria, chorea, and exophthalmic goiter, while enfeebled di-

gestion, accompanied by dilation of the stomach, neuralgia, neurasthenia, and other perversions of the normal status of nerve force are likely to become the inheritance of the patient who long suffers from recurrent attacks of chlorosis.

In this, as in all other forms of anaemia, if at all severe, we must recognize a decided contraindication to avoidable surgical operations, as the weakened cardio-vascular system will offer an impediment to normal processes of repair, while the tendency to thrombosis and the liability to hemorrhage shown by some chlorotic patients also suggests the inexpediency of operative surgery.

In entering upon the discussion of the treatment of chlorosis we find ourselves upon a field that has afforded ample opportunity for investigation and improvement upon the earlier methods. Instead of insisting that our chlorotic girl should lead an active, out-of-door life with plenty of romping exercise, as formerly thought proper, we have learned that, since chlorosis is essentially a disease of exhaustion and weakened physical power, rest is the first important factor in treatment. The extent to which this feature of treatment shall be carried must always depend upon the individual case, extent of impairment of health, and the circumstances surrounding the patient, and will thus be varied from absolute rest in bed for a few weeks, followed by a very gradual return to the ordinary activities in life, to directing a quiet, restful, out-of-door existence, with only very moderate physical or mental exertion from the beginning of treatment. The judicious employment of aperients is almost always necessary, so far as my experience extends, they are always needed as preliminary to the use of whatever other remedies one may choose to employ. Since iron is re-

garded as one of the most valuable remedies in this disease, it should not be forgotten that iron is never beneficial in any case unless a soluble condition of the bowel be maintained. It was formerly not unusual to administer the stronger liquid preparations of iron, especially the tincture of the perchloride; but the inappropriateness of its employment, in view of the gastric disturbances which so frequently accompany this disease, is very apparent. Perhaps the use of this strong and unsuitable preparation of iron had much to do with the inauguration of the opposition which arose to the employment of iron in any form as a remedy for chlorosis, an opposition which suggested the peroxide and the protochloride of manganese, arsenic, oxygen inhalations and hydrotherapeutics as being the more suitable and effective remedies. Without questioning the value of these remedies in certain cases, my personal experience has been that they do not possess the same degree of power to replace haemoglobin in the blood-globules, or to assist the red corpuscles to their perfect development that the ferruginous preparations possess, if properly employed. As to just how inorganic iron taken into the human stomach produces the results observed, whether any part of it is absorbed, or assimilated, thus supplying directly the agent necessary to the production of haemoglobin, or whether its effect is to neutralize the alkaline sulphides within the bowel, thus preventing the decomposition of the organic compounds in food which contain iron in a form which permits it to be appropriated by the system, and, as a result, enabling the blood to obtain the necessary supply of this agent from the food, is a question that has elicited much discussion and research, but which has never

been so definitely proven, as to either theory, as to enable all to agree upon any solution of the problem that has been submitted. Whatever the modus operandi of this agent, it is a well established fact that iron is usually an effective remedy in the treatment of chlorosis. One of the milder salts should always be selected. Freshly prepared carbonate of iron given in large doses for a long time is, perhaps, the most popular method. Evidently those who adhere strictly to the employment of the carbonate do so upon the theory of its action being almost wholly local within the intestine, as it is manifest only a small per centum of the large quantity administered can be absorbed, if, indeed, any of it is assimilated. After a considerably long adherence to this method, finding the large dose a constant objection, I employed with equally good results an oxalate of the protoxide of iron, the advantage of the protoxalate salt being its smaller dose, and, in my experience, its prompter action in producing the result sought. I usually began with one or one and a half grain doses, and seldom increased the dose above two or two and a half grains twice a day. Under the administration of this ferruginous salt, associated with other suitable treatment, I have seen very prompt beneficial results. Attention to frequent and suitable bathing is important, and massage is sometimes of great value. While the chlorotic patient should be abundantly nourished, great care should be exercised in selecting suitable foods. Often in the beginning of treatment liquid foods may be required and, when extreme gastric disturbance pertains, nourishment per enema is necessary.

In every case of chlorosis rest, improvement of the digestive process, and the administration of an appro-

priate ferruginous salt may be regarded as the essentials of treatment, but, as with other diseases, each in-

dividual case will call for a definite and particular regimen to meet its special requirements.

WHEN IS SURGICAL INTERFERENCE INDICATED IN TUBERCULOSIS.

BY ROSE TALBOTT BULLARD, M. D., LOS ANGELES, CAL.

Tuberculosis has been called the surgical disease of childhood, and as it is more amenable to treatment at that period than in adult life, it encourages us to consider the circumstances which warrant surgical interference.

The most common manifestation of the tubercular process is in the glands, and takes place most frequently between the ages of three and fifteen years, although no period of life is exempt. From a record of autopsies in children it has been estimated that more than one-half are affected with tubercular glands, the order of frequency being the cervical, mediastinal, mesenteric and retroperitoneal. (Internat. Text Book of Surgery, vol. I, p. 245.) According to Volkmann glands of the superficial set most likely affected are the cervical, cubital and axillary, the cervical leading in both estimates. In considering the etiology the reason for this predominance is apparent in the increased exposure of the cervical glands to infection through their proximity to the large mucous surface afforded by the mouth, nose and throat. Enlarged tonsils, adenoids and carious teeth are excellent harbors for the tubercle bacilli, and in every case of enlarged glands should be sought for, and if found subjected to appropriate treatment, when enlargement will frequently subside; eczema, rhinitis, otitis or any inflammation about the

head occasion enlarged cervical glands which may become tubercular. The lymphatic glands undoubtedly more or less perfectly prevent constitutional infection, in ordinary conditions without being irritated. But if too much work is thrown upon them they become inflamed, their function is interfered with and perhaps destroyed. If the invading poison is not too virulent nature may correct by resolution, but on the other hand it may advance beyond and leave the glands not only useless to protect, but themselves disseminators of the poison. Clinicians of large experience with phthisis state that it is not uncommon to find patients who in childhood had had diseased glands.

The progress of events is modified by the powers of resistance and by the character of the gland enlargement. Some constitutions show little ability to cope with the bacilli; there is rapid spread of the inflammation from gland to gland, so that shortly after the first infection there are small nodules widely disseminated. The disease here seems to be constitutional, and there is a strong tendency to spread to other parts of the body. In other instances the trouble is purely localized. Between these two extremes there are all grades of variation. It is not always easy to decide whether or not a gland is tubercular, but if the case can be kept under observation for some time, it is usually

possible to make diagnosis between a tubercular and an acute pyogenic infection; may resort to microscope or inoculate pig to decide the matter. In chronic cases where the glands are not greatly enlarged and show no appreciable change from month to month, it is most difficult to decide. A large proportion of such cases is doubtless tubercular; in some a slight inflammation somewhere about the head keeps up the irritation. If a case does not improve under constitutional treatment and local applications, and the diagnosis is established beyond a doubt, there is nothing rational to do but remove these repositories of tubercle bacilli; it is conceded that infection may even occur in the stage of calcification from the spores present.

Radical operation offers the advantages over expectant treatment or incision of glands as they become softened, of substituting a rapid removal for one which consumes years, of diminishing danger of general infection and of leaving less unsightly scars. One will be surprised to find that more glands are involved than was supposed from the appearance of the neck, and the operator should aim at their complete removal. Various incisions have been recommended, but it should be planned for the individual case so as to afford a thorough exposure of the field of operation, leaving the scar as little noticeable as possible, remembering that longitudinal scars of the neck usually stretch, while transverse scars seldom do. It will often be found that a comparatively small incision will suffice, the removal of one gland affording access to the next. Where suppuration has taken place there is a peri-adenitis and complete extirpation of the glands with surrounding connective tissue is necessary to eradicate the diseased focus. Cheyne advocates removing glands and fat in a single piece, maintaining that in the

fat are numerous minute diseased glands which will cause trouble; in practically every case where caseation or suppuration is present he removes the internal jugular vein to allow more thorough dissection.

Objection has been made to radical operation because the system is thereby deprived of the protecting influence of the lymphatic glands, and because of danger of disseminating the poison. Thorough operation has been performed many times, and there are no records of cases who suffered from interference with lymphatic circulation excepting rare instances of slight edema. The functional power of the gland is probably already destroyed, and as lymph anastomosis is very rich a compensatory lymph circulation is likely soon established. The operation done hastily with forcible enucleation and detachment may at times press the contents of the diseased gland into the proximal ducts, but careful and deliberate dissection and separation will not tend to disseminate the virus.

The point of least resistance to tuberculosis is found in bone, next in frequency to the lungs and lymphatic glands. Slight traumatism plays an important part in determining the localization of the bacilli. Volkmann has pointed out that the tubercle is probably unable to develop in presence of the active cell proliferation which always occurs in the repair of a severe trauma. We rarely, if ever, find tuberculosis develop at the seat of a fracture. In children a large proportion of diseased joints is tubercular; in adults the non-tubercular predominate.

As to the pathological condition, the classification of Koenig is generally accepted.

1. The granulating focus,
a small tubercle which becomes
2. Tubercular necrosis,
when a large enough area is in-

volved to cause death of a visible part of bone.

3. Tubercular infarct, resulting from obstruction of vessels with tubercular embolus and formation of cone-shaped sequestrum,
4. Osteomyelitis, when the whole bone and its medulla are involved.

Cell proliferation produces a granulation tissue which by pressure causes rarefaction of the adjacent bone. Beyond this a proliferation of bone cells occurs—an effort on the part of nature to wall off diseased tissue. Softening of the granulation tissue forms the so-called cold abscess which pushes to the surface along the line of least resistance. When an epiphysis is attacked we expect involvement of the adjacent joint; a large per cent. of joint tuberculosis is primarily osteal.

If the disease is to be satisfactorily arrested, an early diagnosis is essential, and unfortunately in the first stage the symptoms are very obscure.

After a slight and often unrecognizable injury a child begins to limp. A child never limps "from habit;" to find the cause is the duty of the physician. Pain is frequently absent or referred to some other part. We must first rid our minds of the idea that tuberculosis originates only in children of tubercular parents; it may occur in a visibly healthy child of apparently absolutely healthy ancestry.

The first sign will be rigidity of muscles, an attempt of nature to put the part at rest. This can be recognized by stripping the patient and placing in horizontal position, comparing the position of the limbs and the motion possible at a given joint. Careful examination will disclose limitation of motion in some direction. In endeavoring to move the joint or on jarring it, the inflamed surfaces are

brought in contact and the child complains of pain. Night cries are characteristic, especially in hip-joint disease, and result from the change of position allowed when the muscles relax and are "off guard." Tenderness, swelling and deformity are variable, the diagnosis should be made before these appear if treatment is to avail much. The process makes great headway in many of these cases through a mistaken diagnosis of rheumatism; we must not consider all joint pain rheumatism, and especially should be suspicious when only one joint is attacked. It is sometimes puzzling to distinguish from infantile paralysis as the child may cry when handled. Stripped, the limp is seen to be from debility and not inflammation. There is increased motion and laxity of the joint and not rigidity and thickening.

The diagnosis being established no motion must be allowed for months. The beneficial effect of absolute fixation is thoroughly proved. It is the superadded inflammatory condition and not the tubercular disease that is likely to cause ankylosis. Rest is the only means that can abort a threatened infection. Traction assists in procuring rest by resisting muscular contraction, modifying joint pressure and relieving pain and deformity.

In the acute painful stage provide extension by weight and pulley in the horizontal position, the patient receiving the benefit of outdoor life by being kept on a portable frame or stretcher covered with canvas. When the acute stage has passed the patient may be fitted with proper fixation or traction splint and treated on ambulatory plan with crutches and high shoe.

There is a wide difference of opinion as to the efficiency of injection of iodoform emulsion into the joints. Senn has recently stated that it is a treatment much employed by our German brethren whose efficiency is

established. Hildebrand (Corres. Blatt fuer Schweiz Aerzte, Jan. 15, 1901) says he believes experience has shown the value of iodoform injections, that they have a certain influence in inhibiting the growth of bacilli and by their irritating effect tend to develop blood vessels and scar tissue, thus limiting the action of the bacilli. He admits, however, if the bone is primarily affected, and some authorities consider that this is always the case, that the injections are ineffectual. On the other hand, many, especially the orthopedists, have given it faithful trial and abandoned it, saying it offered no advantage over rest alone.

The method of producing venous stasis as first suggested by Bier is mentioned favorably by some, but is not universally employed.

Orthopedic surgeons, with their slow treatment, show better results than the operative surgeon has had to offer, yet a treatment which requires from one to three years to bring about a cure, and that cure is a recovery often with deformity cannot be called satisfactory. Kocher (Corres. Blatt fuer Schweiz. Aerzte, Jan. 15, 1901) has said "a cure in the sense of removing every possibility of subsequent tubercular invasion cannot be reached through conservative means. Numerous instances are on record of operation being demanded a long time after the use of conservative means where apparent health had resulted. The only treatment which will produce radical cure is operative and consists in the elimination of the entire tubercular deposit. When the case is first seen, the possibility of need of operative measures should at least be suggested. Permanent results of total resection have been very favorable, and the unfavorable results usually occur because operative treatment is undertaken late after disease is far advanced." Bloodgood (Bulletin of the Johns Hopkins

Hospital, Jan., 1900) has reported twelve cases of radical operation in tuberculosis of the hip-joint, and states that the chief object of early operation is to take the disease in its early stage, to relieve the tension of a distended capsule, to check and cure the tubercular synovitis by disinfection and drainage; to explore the bone with the hope of finding tubercular osteomyelitis, in which case it can be partially or completely excised, trusting to disinfection, drainage and the healing process to check and later cure the disease of the bone without injury to its continuity. Dr. Halsted in discussion, said if the disease is operated upon early it would probably rarely, if ever, be necessary to remove the whole head of the femur; and we may find that having removed a part of the disease, the remainder, as in tubercular peritonitis, may take care of itself the better for having been interfered with and assisted. He considers that the hip-joint, being a simple ball and socket joint, promises more for these conservative operations than any other joint.

Dr. A. M. Phelps of New York reported at the International Medical Congress at Paris in 1900, seventy cases of tuberculous and purulent joints operated upon, the diseased bone removed, the synovial membrane and abscess cavities curetted, and the entire field filled with pure carbolic acid, which is allowed to remain one minute by the watch, then thoroughly washed out with pure alcohol, and finally the alcohol is washed away with a two per cent. solution of carbolic acid. (New York Medical Journal, Sept. 1 and 15, 1900.) His results are most favorable. Other operators have reported satisfactory results from his method.

It is as yet too early to decide upon the ultimate results of these early operations, but there is dissatisfaction with the old methods, and an effort

is being made to place joint surgery more on a par with other surgery. After a patient has been kept at rest a few months and the joint instead of improving is going from bad to worse, radical interference would seem justifiable.

In tuberculosis of any form it is essential to build up the constitution, and this is not less important in its surgical manifestations. Surgical treatment should only supplement and not be substituted for constitutional treatment.

MEDICAL AND SURGICAL PROGRESS.*

BY B. F. CHURCH, M. D., LOS ANGELES, CAL.

Members and Guests of the Academy:

I am deeply sensible of the honor and responsibility you have conferred upon me in selecting me to preside over the deliberations of this body during the year just past. The society, though young, not yet out of its swaddling clothes, is healthy and strong, and has added during the year 33 per cent. to its bodily strength, and bids fair to add luster to the fame already achieved in the broad field of medicine and surgery. Well may the members of the Academy of Medicine feel proud of the scientific work accomplished, and should stimulate us to renewed efforts. Nothing speaks better for the intelligence and progressiveness of the physicians of a community than a large membership, and punctilious attendance upon their local medical organizations. None of us are so blessed with medical knowledge and experience as to not gain something by association and interchange of ideas with other medical men. The experience and insight of every one may be helpful to some one else; we, therefore, owe not only to ourselves, but to others, active co-operation in society work. To add diversion and relaxation, I would suggest an occasional social function or entertainment to partly relieve the constant strain placed upon us, which

would also encourage a larger attendance at meetings.

SCIENTIFIC PROGRESS.

In calling your attention to the year's progress in medicine and surgery, which is usual in addresses of this character, I shall not attempt to enumerate all of the advances of the year, but touch briefly upon a few of the more important.

ANESTHESIA BY LUMBAR PUNCTURE.

The production of general anesthesia by sub-arachnoidal injection of cocain has been widely discussed during the past year or more, and clinically adopted by some of the leading surgeons of the country. Testimony as to its usefulness, up to the present time, is of the most conflicting nature. The procedure originated with Dr. Leonard Corning of New York, who practiced it in laboratory experiments as long ago as 1885. Tuffer has recently brought out a most favorable report of 400 cases. He refutes the reported mortality made by others, of 6 in 2000 cases, and claims that in no instance could death be properly attributed to the injection. He is also just as positive that there is no danger of permanent nervous affections following the operation. Reclus, of France, however, is a vigorous and logical opponent of the method.

*Address of the retiring President of the Academy of Medicine of Los Angeles, February 10, 1902.

From statistics he places a discouraging aspect upon the experiments so far conducted.

Our own writers seem to agree in preferring general anesthesia by chloroform or ether, except where, for any reason, these are contra-indicated and a substitute must be found. Governed, therefore, by these restrictions, the use of this method to produce general anesthesia would be greatly limited.

It is pretty well established that the present consensus of opinion is, that anesthesia by lumbar puncture is not applicable to children or extremely sensitive adults, particularly women, or where major pelvic or abdominal operations are required.

Granting the accomplishment of entire absence of physical sufering by use of the method, one can easily imagine the profound mental and physical shock which patients must undergo when witnessing major operations upon their own viscera.

This method of anesthesia does not relax the muscular system, a desideratum which weighs heavily against its bid for preference over ether and chloroform in the performance of difficult operations.

PARAFFIN INJECTIONS.

Prosthesis by means of paraffin marks an experimental research of great promise, and one deserving of widespread and painstaking trial.

According to Gersung, paraffin with a melting point of about 37 deg. centigrade, may be injected in tissue subcutaneously or otherwise, for the purpose of building up the parts. The paraffin becomes encapsulated with fibrin threads deposited through it, produces no irritation and is absorbed very slowly, if at all. He reports two cases of external nasal deformities, saddle bridge nose, being corrected by subcutaneous injection of paraffin. One of his cases after a lapse of two

years showed no change in the results first obtained by the procedure.

Gersung also reports its successful use in a case of incontinence of urine due to traumatism. The paraffin was injected in the tissues around the neck of the bladder, the rigid paraffin impregnated tissues acting as a valve with desired results.

Haban has recently employed this agent in four cases of cystocele, with satisfactory results, by making the injections between the walls of the vagina and bladder, then inserting a pessary for twenty-four hours to permit the mass to harden in the proper position. The most practical and universal use of the method will, in all probability be for correcting external nasal deformities.

PROTOZON OF CANCER.

Dr. Gaylord of Buffalo makes rather a sweeping statement in a recent report that he had isolated the protozoic parasite of cancer. Few investigators at present, however, are prepared to accept his deductions in toto. Max Schueller of Berlin made a preliminary report last year describing certain organisms, probably of an animal nature, which he, by original methods, had succeeded in cultivating from human carcinoma and sarcoma. He does not claim that the parasites occur freely in the blood of carcinomatous or sarcomatous patients as Dr. Gaylord does.

An editorial in the June number of the Journal of the American Medical Association has the following to say upon the subject: "It is clearly the duty of physicians and surgeons to not allow long established doctrines, such as the purely local nature of carcinoma in its early stages and its possible permanent curability at the time, to be overthrown or modified in the slightest by premature and unsupported statements of sincere but over-

zealous investigators into the etiology of cancer. Great harm would result were the impression to grow that cancer is a blood disease sure to break out somewhere else if removed."

OVARIAN TRANSPLANTATION.

Of interest, especially the Gynecologists, are the experiments made more particularly upon the lower animals, which prove that after complete extirpation of the ovaries auto or heterografting can be performed. The ovary in its new position functioning as a normal organ.

The honor of the original idea is conceded to Knauer of Germany, whose first publication appeared in 1896. The object of Knauer was to ascertain if in animals ovaries extirpated and then transplanted in any other portion of the peritoneal cavity were capable of living and performing their function. His experiments consisted in removing, under strict antiseptic precautions, the two ovaries of rabbits and then grafting them in some other part of the peritoneal cavity. The results were such as to warrant the author in affirming that in the rabbit ovaries could be transplanted in any region of the peritoneal cavity and they would not only live but normally functionate. Experiments of Gregorieff, confirmed the conclusions of the original investigator, who, out of twelve rabbits submitted to ovarian grafting, four were successfully fecundated.

Dr. R. T. Morris of New York, who, by the way, deserves a division of the honor with Knauer for priority of these investigations, has gone still further, having extirpated the diseased ovaries of a patient; took a healthy portion of one of the glands and grafted it in the vicinity of one of the tubes. One month after leaving the hospital the woman became pregnant.

MASTOID DISEASE.

Recent collective experience demonstrates that where streptococci are found in the discharges of acute and middle ear disease, 80 per cent. of them will, sooner or later, require radical surgical procedure. The discharge, therefore, of every acute case of otitis-media, with mastoid involvement, should be examined microscopically for the presence of pyogenic organisms to better enable us to arrive at a conclusion regarding mastoid operation.

In performing the mastoid operation the tendency of today is more and more toward radical work; the removal of every vestige of necrosed tissue or detritus, boldly following it to its farthest limit, lead where it may. Usually the Stacke-Schwartz operation is performed for the relief of chronic mastoiditis, the Schwartz operation in acute otitis-media with mastoid involvement and the Stacke in chronic middle ear and antrum disease where the cells of the mastoid are not involved.

SUBCONJUNCTIVAL INJECTIONS OF SALT SOLUTION.

The injection of weak, common salt solution under the bulbar conjunctiva as a local remedial agent was first brought before the profession by Prof. Wellinger in 1895. He first employed the method in treating ulcers of the cornea. The injections have since been employed, with marked success in opacities of the vitreous and some other intraocular affections. The fluid, if used not stronger than 2 per cent., produces no irritation, is quickly absorbed, and has a powerful depurating effect upon some conditions of cloudiness in the vitreous.

In conclusion, I would urge renewed interest and energy in medical society work. Let each member attend meet-

ings at all times when possible, and take part in the proceedings if nothing more than to enter into discussion upon the subjects in hand. Your experience will add to the general fund of information.

I would suggest also, that more attention be given to the clinical feature of the meetings. Practical experience, demonstrated by the presentation of patients before the members of the society is always of interest and value.

LECTURE ON PROSTATIC HYPERTROPHY

BY GRANVILLE MACGOWAN, M. D., PROFESSOR OF GENITO URINARY SURGERY IN MEDICAL DEPARTMENT OF UNIVERSITY OF SOUTHERN CALIFORNIA.

The prostate is a musculo-glandular mass lying between the rectum and the arch of the pubic bones. It forms a solid archway for the urethra where the organs of procreation merge into the urinary passageway. In early childhood it is undeveloped, but at puberty rapidly assumes the shape and size of a Spanish chestnut. It is flattened posteriorly and has, to the touch, a central groove extending nearly its full length upon this surface. It is convex anteriorly laterally and superiorly. The surface lying directly posterior to the vesical trigone is concave from before backwards and from side to side, the depression being filled from below by the bulging ampullae of the vasa deferentiae, and from above by the heavy muscle fibres of the sphincter vesica internus. It is broadest about one Cm. from the place where the urethral tunnel enters it from the bladder, and narrowest where the urethra emerges from it to enter the perineum. Its actual size varies with individuals as much as noses vary. There is no positive standard for a healthy organ, but in the fourth decade its dimensions average $3\frac{1}{2}$ Cm. long by 4 Cm. broad.

The prostate gland is a misnomer for its is rather a bilateral sexual organ containing glandular tissue. As the nose is the organ of olfaction and, incidentally, an attachment to the respiratory apparatus, so is the pros-

tate a sexual organ, secreting an abundant alkaline fluid which dilutes the semen, its muscular fibres assisting in the acceleration of its passage through the ejaculatory ducts which lie within its substance, while it, incidentally, is an attachment of the urinary apparatus, though not a part of it any more than is the hill a part of a tunnel.

Contrary to general teachings, the prostate has nothing to do with retaining the urine in the bladder for the sphincter vesica internus which surrounds the inner urethral mouth is outside of the prostate, the urethra passing through it and some loose cellular tissue, before it enters the prostatic tunnel. In fact, the urethra lying within the prostatic tunnel is really a part of the bladder, its stem, so to speak, for it is well known that when the bladder is full the inner sphincter will relax and the prostatic urethra become filled with urine which is then retained by the contraction of the external sphincter, assisted by the powerful perineal muscles which lie about the membranous urethra at its commencement. Sometimes, indeed, this relaxation is permanent, dilation of the tunnel takes place, and on the introduction of a catheter, one strikes a flow of water at 12 to 14 Cm., long before the body of the bladder is reached.

With the vasa deferentiae, their

*Read before the Southern California Medical Association at its Meeting December 4, 1900. Illustrated by Lantern Slides from Authors' Collection.

ampullae and the seminal vesicles attached to it, and the membranous urethra detached, the prostate looks more or less like a frog.

The prostate, the seminal vesicles and the ampullae are well defended against ordinary external injury for they are packed, like fragile and valuable merchandise, in many layers of loose and elastic packing, cellular tissue. In youth and early manhood they often become acutely engorged and enlarged under inflammatory, septic, or traumatic influences. In about 33 per cent. of the men who live to pass the fiftieth year of life the prostate becomes the seat of regular or irregular adenoid or fibroid changes in its glandular elements, or its stroma, but in only about one-half of these does the enlargement call for surgical aid. When there is pressure upon the posterior, lateral, or exceptionally, the superior urethral wall by the growth or growths crowding into the lumen of the urethral tunnel, or the inner urethral outlet is raised far above the general bladder base, or this outlet distorted or occluded or the sphincter vesicae so lamed by pressure as to interfere with the healthy rhythmic emptying of the urinary bladder, then it is that surgical advice becomes, sooner or later, necessary.

It is especially with this chronic prostatic hypertrophy that I have to deal tonight.

In health, the tunnel is clear and roomy, without any obstruction save that offered by the erectile ridge, the verumontanum, which corks the bladder during sexual intercourse or excitement, directing the semen forward. I do not know that this ever becomes diseased so as to form an obstruction to the outflow of urine.

The vesical urethral mouth is funnel-shaped toward the prostate, the mucous membrane being drawn into fluted folds. The primary pitch of the

urethra in the prostate is downward, the urethra being, at its point of emergence from the tunnel, a little lower than it is at its vesical extremity. The lowest part of the bladder, in my observation, is, in adult life, not its outlet, but a small space lying posterior to the urethral mouths.

Hence it is that it takes but little intraurethral prostatic ingrowth near the bladder neck to make a serious obstruction in the tunnel over or around which the water has to be forced. It is not the size but the situation of the obstruction which counts, for sometimes we have present all of the symptoms of prostatism without appreciable enlargement, and sometime the enlargement is extreme without any pressure symptoms.

With the advent of this interference with the passage of the stream comes its familiar clinical symptoms, increase in frequency of urination, especially at night urinary stammering, lessened force and volume to the stream, bladder strain with formation of trabeculae, finally inability to urinate, at first occasionally, then constantly retention, dilation of ureters, infection, cystitis, prostatic abscess or purulent vesiculitis, pyelitis, uremia, death.

In the treatment of prostatic hypertrophy there is no prophylaxis. We know of no cause for these growths nor do we know why in some we have adenoid, in others fibroid obstructions. A proper and righteous life does not protect against them, nor does a vicious and licentious sexual existence have this dreadful disease for its punishment.

Ideally, operative measures should be instituted at the commencement of the trouble, but life is so uncertain, the discomfort is so little at first, and the whole system so gradually accommodates itself to the altered condition of the urinary organs that it is

only after great, and frequently irreparable damage is done by back pressure, or by eventual infection, or when profound uremia is threatened by reason of inability to further follow the palliative measure of catheterization, that individuals seek operative relief, or are guided to it by their medical advisers. But even then much may be done for them, and we who are familiar with these operations, though we must necessarily have deaths with such unfavorable material to try our skill upon, have the pleasure also of saving many old men doomed to certain speedy and painful death, to useful and comfortable lives, prolonged for years.

With the discussion of the nature of such operations we have but little to do tonight. I will state, however, that a permanent cure for total obstruction may only be had after a free removal of the tumor or tumors, prostatectomy, or by the institution of an open channel through the obstruction by a successful prostatomy of Bottini.

Though I have dissected prostates and bladders and urethras on the dead, and operated the living for many

years, there is much that I have yet to learn about them. By appreciating how little I know with the advantage of experience, I better appreciate the indefinite and hazy ideas possessed by the average general practitioner of medicine, of the prostate, and the general diseased condition known as prostatism due to obstructive hypertrophy.

From lantern slides prepared from photographs of india ink drawings made for me by my friend Mr. Henry Stewart, for class demonstration, from cuts furnished him by me, and from photographs of preserved specimens from my collection of prostates supplemented by a few reproductions of copper plates from the books of Sir Everard Home and John Hunter, published early in the nineteenth century, and from microscopical sections of prostatic tumors from some of my prostatectomys prepared for me by Miss Leonard, I will endeavor to illustrate to you a normal prostate and bladder neck, together with various forms and phases of prostatic enlargement, and, incidentally, show the character of the groove left after a successful Bottini prostatotomy.

A CASE OF CARCINOMA OF THE BREAST TREATED BY X RADIANCE.*

BY ALBERT SOILAND, M. D., LOS ANGELES.

Mr. President and Members of the Society:

This case over which I ask your indulgence for a few moments, was referred to me for X-Ray treatment by Doctors Brainerd and Bullard. The patient is a married lady, 58 years old, slender, rather anaemic, and has a tubercular family history. About three years ago she noticed a swelling just above her left nipple, which became

hard and painful shortly after its appearance. The patient was not greatly alarmed at this time, but applied various salves and ointments to disperse the lump, which, however, continually grew larger and was now accompanied by glandular swellings in both axilla. After progressing for six months in this manner it finally broke out on the surface and began to discharge through three or four sinous

*Read before the Los Angeles County Medical Society, February 21, 1901.

openings. Several physicians were now consulted, and they pronounced it a case of typical cancer of the breast. From that time until last October the patient went to different Eastern cities and was treated by a number of doctors during which time she also took "Dr. Bye's Combination Oil Cure" for eight months without deriving any benefit, the growth ulcerating more freely and getting progressively larger all the time. There was at this time an intensely inflamed surface as large as a small saucer situated upon the breast, just external to nipple, and a round ulcer the size of a silver half-dollar, above the nipple, in addition to several sinous openings, which terminated in epithelial, cauliflower-like outgrowths that appeared below the nipple. About three months ago the patient first began taking X-Ray treatments, and at the same time injections of methylene blue were made around base of tumor. The injections proving too irritating, were discontinued and the X-Rays alone were then used for nearly six weeks, exposures being made on alternate days. At the end of this time there had been much improvement, the growth being considerably reduced in size and the secretions diminished. The patient was now advised to come to Southern California for her general health, and six weeks ago she presented herself at my office for further treatment. Upon examination I found an open ulcer the size of a silver half-dollar situated upon an indurated base, one inch above the left nipple. Just external to the nipple was a tender, inflamed area, about three inches in diameter, depressed, and bound down tightly to underlying gland substance. Below the nipple appeared six warty, epithelial outgrowths in a semi-circle, closely united to one another, and discharging a thin secretion where their lower borders

joined the skin. The entire left mammary gland seemed to be involved in the cancerous process, and the axillary glands on both sides were found to be enlarged and tender.

Treatment.—Irradiation was begun immediately, a soft domestic tube being used, length of exposure, 15 minutes; tube excited by a static induction machine and focussed upon the tumor; placed within six inches of surface; treatment every other day. Decided improvement followed the first few treatments, the pain ceased and the discharge lessened. After three weeks' irradiation the ulcerated part had become filled in and covered by a thin skin; the inflamed parts were more normal in appearance, and the warty outgrowths flattened and hard. The tumor was now perfectly dry and all pain gone. At this time a heavy, German, high-vacuum tube was substituted for the one formerly employed, and brought to bear upon the tumor for ten minutes, the axillary glands also being subjected to exposure for five minutes on each side, tube focused at six inches as formerly. At the present time the external manifestations of the tumor are entirely gone, and the parts covered by healthy scar tissue; the skin over the gland being quite freely movable. A few hard nodules can still be detected in the gland structure, but no pain nor tenderness can be elicited on pressure. The axillary glands are much diminished in size and cause no inconvenience at present. These glands and the site of the original tumor are now being subjected to five minutes' irradiation two times a week to promote absorption of the remaining indurated tissues, the patient's general health being much improved.

Perhaps it is a little premature to claim an absolute cure in this case, but we can at least state that decided

and positive improvement has taken place and to all outward appearances a cure effected.

How much good can be accomplished by the Roentgen Rays upon the deeper and internal structures has as yet not been fully determined. The changes brought about in the remote parts may be largely due to the electrolytic action of the powerful induced currents which accompany the rays into the tissues, and to which the rays owe their very existence. We do

know, however, that both benign and malignant skin lesions can be cured by the actinic or chemical rays which emanate from a properly excited vacuum tube.

There is no contraindication to the proper use of X-Rays in any stage of carcinoma; even when used in hopelessly advanced cases, they will relieve the pain and lessen the discharge in a more satisfactory manner than any other therapeutic agent with which we are familiar.

FORMALDEHYDE AND DISINFECTION.

R. M. DAVIS, M. S., PROF. OF BIOLOGY, STATE NORMAL SCHOOL, LOS ANGELES.

Formaldehyde (CH_2O) is known technically by this name and also as methyl aldehyde, formic aldehyde, or oxymethylene. It is known commercially as formaldehyde, formalin, formalose, or formol. Formerly known only to the chemist as a type of an interesting series of organic compounds known as aldehydes, formaldehyde or formalin, is now conceded to be the best all-around disinfectant and preventative of decomposition.

Although a gas, it is usually combined with water in a 40 per cent. solution—(the formalin of commerce.) It has a sharp, penetrating odor which is characteristic and unmistakable. It readily oxydizes on exposure to air, and its value as a disinfectant may be due, in part, to its power to reduce organic substances. When exposed in solution to air it polymerizes, i.e., forms other aldehydes. These appear as a fine crystalline powder on cloths or sheets which have been saturated with the commercial formaldehyde and hung up for disinfecting purposes. This tendency toward polymerization makes the above method of disinfection less effective than commonly supposed, for the polymeric forms give a penetrating odor without a corresponding disin-

fecting power. Some of these compounds yield formaldehyde again when heated with water to 130 deg. F. So that the safest method to get complete disinfecting power from a given quantity of the commercial article is to drive off the gas by means of heat.

Formaldehyde may be made by oxydizing methyl or wood alcohol. Three general methods have been used to prepare it, viz.:

1. Distillation of mixture of wood alcohol, water and sulphuric acid.
2. Passing vapor of wood alcohol over heated platinum.
3. Burning wood alcohol in a lamp having a burner of a certain construction and relation to flame.

A fourth method, known as "the Schering method," is to convert para-formaldehyde into formaldehyde by means of heat.

It is probable that the first stage of starch synthesis, in green plants, is formaldehyde.

It combines readily with ammonia, forming a crystalline compound. Ammonia, therefore, furnishes a means of neutralizing it, if for any reason its presence is undesirable.

It has already been referred to as a

powerful germicide when used either in form of solution or gas. It is now used almost universally as a disinfectant and as a preservative of organic substances which are likely to decay. A very small amount is sufficient as a preservative. A one per cent. solution has kept delicate animal tissue for six years, and no doubt will keep it indefinitely. The possibility of preventing decomposition by means of very small quantity of formaldehyde has led to its extensive use in a way detrimental to public welfare — in preservation of food stuffs, notably milk.

Lately seeds have been treated with a solution of formaldehyde before planting, serving the two-fold purpose of reducing the amount of decay during germination, and killing the spores of harmful parasites which might attack the plant after germination. It has extensive use in embalming, and has recently been used in treating paving blocks so as to preserve them.

Its most valuable service so far is in general disinfecting for control and prevention of contagious diseases.

As already indicated the usual method is to use the commercial product (in solution) and either allow to evaporate slowly from sheets hung in a room, or rapidly by driving off the vapor by means of heat. As stated, the former method is overrated because full effects can not be secured owing to the polymerization into other aldehydes which give the odor without the disinfecting power or properties. The latter method requires the use of heat, usually by means of alcohol, and needs more or less attention.

"The Schering method" is open to criticism because the gas is dry and therefore not a good disinfectant. Abba and Rondelli have found that it has poor penetration, and that completely disinfects only polished sur-

faces. (Cent. f. Bak., par. 1. chap. xxviii, p. 377.) Disinfection by making the formaldehyde directly is the most reasonable means both as to effectiveness and economy. Very little more than the amount of wood alcohol required to furnish heat for vaporizing the formaldehyde in solution is needed to furnish the same amount of gas directly. Furthermore, in making the gas in this way (directly) it is accompanied by watery vapor, and a small amount of the vapor of wood alcohol, both of which add to its efficiency as a disinfectant. No doubt the current of air caused by the heat aids in the equal distribution of the gas and its consequent greater penetration.

It is claimed that formaldehyde is beneficial in the treatment of lung diseases and catarrhal diseases of the throat and nose. A small lamp generating the gas directly furnishes the best means of administration because most easily controlled.

In view of the great usefulness of formaldehyde, particularly as a disinfectant, it would seem that the public in general should be better informed as to its merits and use. While cleanliness is one of the most important factors in good sanitation, periodical destruction of germs in living rooms is almost, if not quite, as important. If this practice should become general, dust would be less dangerous as a factor in the spread of disease.

We are very glad to know that our friend, Dr. Geo. S. Hull, of Pasadena, who has been confined to his room for some time, is now able to be around. The Pasadena Star says the doctor contemplates disposing of his present property and building or renting a cottage near the foothills away from his work so that he can have the quiet rest necessary.

THE OBSTETRICIAN AS A PREVENTIVE GYNECOLOGIST.*

BY JOHN C. KING, M. D., BANNING, CAL.

The major portion of my gynaecological cases have been sequellae of childbirth. A qualified obstetrician may be termed a prophylactic gynaecologist. Permit me to attract your attention to but one aspect of prophylaxis, to wit: that of aseptic obstetrics. It is unnecessary to enumerate the secondary or gynaecologic results of sepsis. We are familiar with them. Nor is it essential to urge upon each other the practice of asepsis. We all attempt it—or pretend to. My point is the prevention of septic cases for which we are not personally responsible; cases where the infection is conveyed by the hands of the patient, by her attendants or by her environment. Complete preparation for confinement, a trained nurse and perfectly hygienic surroundings constitute a rare combination. The average case is nursed by some woman unfamiliar with the rules of asepsis, while the patient herself has no conception of their importance. The efforts of the physician are neutralized by the carelessness of others. I remember one death from puerperal disease that injured my business, in years gone by, more than all my mistakes and failures combined. The nurse gave the patient, contrary to explicit orders, a douch with a dirty syringe which she had been using for the relief of her own gonorrhoea. It was more than a year afterward before I learned all the facts, through the aid of a brother physician. The case occurred in a wealthy family, but wealth is no bar to ignorance. It is foolish for us to censure people for being ignorant along these lines, especially while some of our numbers keep dirty finger nails on exhibition.

Furthermore, such knowledge can only be imparted by ourselves to the general public. If the people continue uninformed we are responsible. In order to do my humble share as an educator I had printed a circular containing instruction for women who wished to engage me as obstetrician. This circular aims to define sepsis, to point out some common media of infection, to both warn and encourage the patient and to teach her what to demand from the nurse in this connection. It then gives directions for preparation of aseptic pads, nail brush, catheter, bed-pan, syringe, wash basins, bed., etc., together with definite instruction how to disinfect the hands of nurse, body of patient, etc.

However, the results have been excellent. So far it has banished sepsis from my practice, except in consultation work. I have used it about six years. Women from many parts of Southern California have written to me for it. I believe it has had, in a small way, a decided educational influence. In a few cases this influence has been weakened by the ridicule of thoughtless colleagues. I am so impressed with the good that can be accomplished by this means that I strongly urge its more general adoption. A neatly printed folder or pamphlet, of convenient size, could be prepared containing terse yet complete instruction for the puerperal woman and her nurse. A committee of representative members of this society could be appointed to draft such a circular. The indorsement of this society especially if a roster of its membership could be appended, would give

*Presented at the Southern California Medical Society at the Los Angeles meeting.

these directions such force and prestige that they could not be disputed. If habitually distributed by our members for a few years the women of Southern California would acquire a very respectable knowledge of obstetric cleanliness. We differ in the minutae of our technical methods, but we are all governed by the same principle. The circular could state the principle, could describe one established method under each rubric as, for instance, the preparation and use of the vulvar pad and could finally state that the attending physician might wish to give especial orders adapted to individual cases. The expense of printing might be borne

by the society, or the committee could take orders, at cost price, from members who desire to utilize the circular. In any event the cost would be trifling. Some of you may consider this proposition puerile and quite unworthy a trial. In many wealthy families, where well-trained obstetric nurses take charge of both preparation and procedure, such information is non-essential. To the average child-bearing woman and to the average neighbor who will nurse her it would prove an important blessing. From experience, I know this plan will save the doctor a vast amount of trouble.

Banning, Cal., Dec., 1901.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

LEGISLATION AGAINST CONSUMPTION.—The citizens of Redlands were recently greatly stirred up over a proposition to establish a sanitarium for consumptives. The opposition was so strong that the project was abandoned. And in order to guard against such dangers in the future the City Trustees have enacted the following ordinance:

The establishment or maintenance within the limits of the city of Redlands of a sanitarium, hospital or place for the reception or treatment of tuberculosis or other contagious or infectious disease, except by municipal authority for quarantine purposes, is hereby declared a misdemeanor.

Every violation of the provision of the preceding section shall be punishable by a fine not exceeding \$300, or by imprisonment in jail for a term not exceeding three months, or both such fine and imprisonment.

This seems like pretty drastic treatment, and we believe Redlands is the

first city in California to pass such an ordinance. But we should not be surprised to see similar action taken by other towns.

As a matter of fact the presence of any large number of consumptives in any town is a serious menace to the public health. A town is no place for them anyway; they ought to go out in the desert country or to the mountains, where the pure, dry air of Southern California can do its healing work to better advantage. And so far as possible they ought to live out of doors.

A sanitarium for consumptives is all right in Strawberry Valley, and there it ought to be separated from the ordinary summer camp. But no such institution ought to be permitted in a town. We must allow people to care for their friends at home, but Redlands is right in shutting the door on any institution that proposes to gather a body of consumptives right in the residence part of the city. The right of self-protection justifies this policy.—Riverside Press.

ATTRACTIVE CLUBBING OFFER

Everybody's Magazine...

is published by John Wanamaker. It is a clean, bright, wholesome, entertaining family magazine. In quality and quantity of reading matter, illustrations, printing and paper it is one of the best magazines published. The aim of Everybody's Magazine is to give its readers each month interesting, vital and well-written stories and articles, with the finest illustrations that can be procured from artists using the brush and the camera. It is just as good as money and the best editors can make it, and it is worthy a place in every American home.

RULES FOR ORDERING

All Club Subscriptions must be new except to our publication. Not more than five periodicals can be formed into one combination, two of which must be our publication and Everybody's Magazine. The offers are restricted to the periodicals named in these clubs. Our club price pays for a full yearly subscription to each periodical in the club. Each yearly subscription will be sent to one or different addresses, as may be desired.

All Club Subscriptions must be New Except to Southern California Practitioner	Regular Price By Subscription	Club Price
Everybody's Magazine (1 year; 12 numbers)	\$1 00	\$5²⁵—
John Wanamaker, Publisher. See description.		
Harper's Weekly (One year; 52 numbers)	4 00	
The Outlook or Scientific American may be substituted for Harper's Weekly		
World's Work (One year; 12 numbers)	3 00	For All One Year
Literary Digest may be substituted for World's Work		
Harper's Bazar (One year; 12 numbers)	1 00	
Sunday School Times or Little Folks or American Boy may be substituted for Harper's Bazar		
Southern California Practitioner	1 00	

THE PERIODICALS WILL BE SENT TO ONE ADDRESS OR TO DIFFERENT ADDRESSES, AS MAY BE DESIRED

	Regular Price	Club Price
Everybody's Magazine, Harper's Bazar and Sou. Cal. Practitioner	\$ 3 00.....	\$ 1 75
Harper's Bazar, American Boy, Everybody's and Sou. Cal. Practitioner	4 00.....	1 25
American Boy, S. S. Times, Everybody's, Harper's Bazar and Southern California Practitioner	5 00.....	2 75
World's Work, Harper's Bazar, Everybody's and Sou. Cal. Practitioner	6 00.....	3 25
Literary Digest, American Boy, Everybody's and Sou. Cal. Practitioner	6 00.....	3 25
Public Opinion, Everybody's, American Boy, S. S. Times and Southern California Practitioner	6 00.....	3 25
Country Life, Public Opinion, Everybody's and Sou. Cal. Practitioner	8 00.....	3 75
Everybody's, World's Work, Country Life and Sou. Cal. Practitioner	8 00.....	3 75
Harper's Bazar, Public Opinion, Country Life, Everybody's and Southern California Practitioner	9 00.....	3 75
Little Folks, American Boy, Literary Digest, Everybody's and Southern California Practitioner	7 00.....	3 75
Harper's Weekly, Everybody's, Harper's Bazar, American Boy and Southern California Practitioner	8 00.....	4 25
Scientific American, American Boy, Little Folks, Everybody's and Southern California Practitioner	7 00.....	4 25
Public Opinion, Harper's Weekly, Everybody's and Sou. Cal. Practitioner	9 00.....	4 25
Harper's Bazar, Country Life, Everybody's, Harper's Weekly and Southern California Practitioner	10 00.....	4 75
The Outlook, Everybody's, Little Folks, Public Opinion and Southern California Practitioner	9 00.....	4 75
World's Work, The Outlook, Everybody's and Sou. Cal. Practitioner	8 00.....	4 75
Harper's Weekly, Everybody's, Public Opinion, Country Life and Southern California Practitioner	12 25.....	5 25
Everybody's, Scientific American, The Outlook and Sou. Cal. Practitioner	8 00.....	5 25
Literary Digest, Harper's Bazar, Harper's Weekly, Everybody's and Southern California Practitioner	10 00.....	5 25

ALL CLUB SUBSCRIPTIONS MUST BE NEW

Except to our publication.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

TREATMENT OF PILES BY THE INJECTION OF CARBOLIC ACID.

We have received an interesting article on this subject by George W. Gay, A.M., M.D., surgeon to the Boston City Hospital, in which he says that by this method a radical cure is not to be expected in a majority of cases. The relief, however, is usually very pronounced, and lasts for an indefinite time.

Internal piles are the only ones that should ever be subjected to this method of treatment. Those piles which are above the internal sphincter, or which will remain there, when so placed, are the proper ones, and, so far as the writer knows, the only variety that will yield satisfactory results from the treatment by

injection. This point is of vital importance to the success of the operation. External piles are made worse by the procedure, as they swell up, and are sorer and more troublesome in every way after injection.

The strength of the solution of carbolic acid should not exceed 10 per cent. The writer has always used the following: Carbolic acid (95 per cent) one part, glycerine and water, each five parts. I have had no experience with any other preparation, but can recommend this one, as being efficient, and not attended by any unfavorable symptoms.

The amount of solution, which should be injected into each pile, depends upon the size of the tumor. For one as large as an ordinary

filbert, one minim is sufficient. For larger ones two minims are required. More than this last amount is seldom necessary. In the experience of the writer this quantity has never produced any untoward results.

The operation may be performed in the following manner: the patient is directed to sit upon the stool for several minutes, and strain as in the effort to evacuate the bowels. In this way the piles are distended and brought down to the anus.

"The patient then lies down upon his left side with knees well drawn up. With his right hand he raises his right buttock, and strains down again, while the operator gently opens the anus with the fingers of his left hand, in case the piles are not in plain sight. An ordinary hypodermic syringe, having a sharp needle and charged with the solution, is thrust into the pile, and one or two minims injected into its centre. The needle is slowly withdrawn, and the piles replaced above the internal sphincter.

The introduction of the needle is not painful, and the carbolic acid causes only a slight burning sensation, which is of short duration. The patient goes about his ordinary business. The bowels are encouraged to move regularly, and no change is made in his daily habits.

The operation may be repeated in a week or later. I never inject more than two piles at one visit, and have never had occasion to repeat an operation upon the same tumor inside of

a year, although there can be no objection to doing so, after the effects of the previous operation have disappeared, say in two or three weeks.

By way of summary it may be said, that if the following points receive careful attention, relief, more or less complete, is pretty certain to follow this operation; a relief that in some cases will result in a permanent cure.

1. Inject only internal piles.
2. The solution of carbolic acid should not exceed ten per cent.
3. Do not repeat the operation under a week.
4. Inject only one or two minims into each tumor.
5. Inject not more than two piles at any one time.
6. Promise relief only, and not a radical or a permanent cure.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

Dr. W. W. Beckett, the president, informs us that the next meeting of this society will be held at Idyllwild on Thursday and Friday, the 22nd and 23rd of May.

The committee in charge have arranged a very elaborate program devoted principally to tuberculosis, the surgery, bacteriology, pathology, therapeutics, climatology and general treatment.

The railroad will give a one and one-third rate to Hemet. The regular round-trip rate on the stage between Hemet and Idyllwild is \$3, but for this event the stage company have agreed to make a rate of \$2. The rate at the sanatorium will be \$2 per day. Over fifty people have already signified their intention of going. Mr.

Lowe, the manager at Idyllwild, states that he can readily care for one hundred.

This will be the most delightful time of the year to visit this mountain institution, and we trust that the profession generally will take advantage of the opportunity and attend this meeting, and besides listening to the papers, they can make a practical study of mountain climatology, and have an enjoyable glimpse of mountain scenery and mountain life, and get a few days' rest that will benefit them for weeks thereafter.

MODERN SMALL POX.

This disease which was formerly so fatal is now invading every portion of the civilized world, but as Dr. A. W. Brayton, of Indianapolis, says in the Interstate Medical Journal for March—"It is so modified that its morbidity and mortality is less than that of any other of its allies except possibly chicken-pox and German measles." Everywhere the disease is presenting a mild form and deaths are very rare. In the report of the United States Marine Hospital Service for the week ending March 21, 1902, they report only 33 deaths in the United States out of 566 cases. When this is compared with the death rate from small-pox in the prevaccination period it gives some idea of the attenuation of the disease due to vaccination. According to American Medicine, Bernouilli, the famous mathematician, calculated that no fewer than 15,000,000 of human beings in the 18th century died of small-pox every twenty-

five years. It is also said on good authority that during the time of Frederick I. nearly every person had small-pox, and it carried off a twelfth part of mankind. In London in the 17th century it is stated that of every 80,000 deaths 4,170 were from small-pox.

Dr. Brayton recommends that the laity read Rider Haggard's novel "Dr. Theme," which in plot, language and locality is an eloquent and impassioned defense of vaccination.

The medical profession should never cease to be missionaries in promulgating the doctrine of vaccination. Thousands of lives annually can be saved by instilling constantly the necessity of protecting every child by vaccination.

CHRISTIAN FENGER IN PASADENA.

PASADENA, Cal., Mar. 15, 1902.

Dear Doctor:—

The Pasadena Medical Society at its February meeting elected Drs. H. H. Sherk, president; Stanley P. Black, vice-president; J. E. James, secretary and treasurer. Dr. Abbotts Exaugural was on the Physician as a teacher.

The March meeting was a memorial service for the late Dr. Fenger of Chicago, whom many of the members knew personally as a teacher and friend. Drs. Stehman, Lockwood, King, Sherk, Black and Bridge spoke at length of his usefulness, simplicity and thoroughness as student and teacher and his enthusiasm.

Drs. Black, Stehman and McBride

were appointed a committee to draft resolutions which were as follows:

Mrs. Christian Fenger, Dear Madam:—

All the members of the Pasadena Medical Society were personally acquainted with your late husband, and several of them had been his students, and we therefore address you less as physicians than as his former associates and friends to express our sorrow for the death of him whom we all loved, and whose loss is felt wherever the science of medicine is cultivated.

You yourself know of his devotion to his profession, a devotion which was probably largely responsible for his death while yet in the prime of life. His friends, however, know that he did a great work for science and humanity, and that he also had the distinction of having done as much for the advancement of scientific medicine as any physician who has lived in America.

Dr Fenger had in a high degree those qualities that inspire and attract others, and his influence upon the profession was largely through the inspiration of young men who came in personal contact with him.

His enthusiasm for science, his patience and perseverance in the drudgery of research, his painstaking and exact methods, the spirit of the discoverer which was always strong in him and which led him on through the complexities of investigation, have influenced for good the entire profession, have helped to make American medicine more accurate and surgery

more skillful; the profession is doing better work, human suffering has been lessened, men and women are healthier, happier and better because Christian Fenger lived.

No physician cared less for the money returns of medical practice than he, and no doctor ever took a more unselfish interest in his patients. The younger members of the profession found him at all times a sympathetic friend and counselor, and being himself free from pretense he was an example of directness and honesty and set the course of his own life by the highest standards. He was a discoverer of talent in young men, and had a genuine affection for those who had worked under his direction, an affection that was without display but was deep and living and as tender as a father's. If each of these for whom he did a service or whose lives have been influenced or made more efficient by his help could bring a single stone to mark his grave, a monument would rise above his tomb as a testimony of the love they bear him.

Men who have accomplished what Dr. Fenger did have passed successfully the higher tests of character that life is always applying to those who strive for better things; and as physicians and friends we know that he met successfully not only the minor tests of life, but also that severest test that is applied to every worthy character, and which consists in the ability to grow. Dr. Fenger was essentially and always a growing man; this was the chief element in his

character; it was this that made him at sixty feel that he yet stood in the morning of life, young in spirit, hopeful and enthusiastic, and as eager for the fray as when he left college forty years ago.

We join with you, dear Madam, and with all the friends of Christian Fenger, in sorrow for his death; and we join also in admiration for his simple and manly character, and for his devoted, courageous and unselfish life.

By order of the Pasadena Medical Society.

March 20th, 1902.

STANLEY P. BLACK,

H. B. STEHMAN,

J. H. M'BRIDE,

Committee.

THE PRIZE CONTEST.

We deem the following worthy of the attention of the medical profession. While the motive may be a business one, yet at the same time there must be a philanthropic and kind-hearted sentiment prompting the use of such methods of advancing business interests.

Believing that a proper exercise of preventive medicine is of incalculable importance to the human race and desiring to stimulate further research in this line, or at least to disseminate some of the newer ideas so prominently discussed by the medical profession of recent years, we offer two prizes:

A first prize of one thousand dollars and a second prize of five hundred

dollars in cash for the best essays on that subject.

Conditions of the competition:

First: Essays offered in competition must treat the subject of Preventive Medicine in its various relations to the welfare of the human race, either treating the topic in its broadest scope as affected by disease, custom, environment, heredity, etc., or from the view-point of the specialist who contends that the most potent factors inimical to mankind result from special conditions which he is enlisted to combat.

Second: In order that there may be no violation of medical ethics and no suspicion of mere commercialism on our part, Maltine or any of its combinations must not be mentioned or even indirectly alluded to in the essays.

Third: Competition is open to graduates of all recognized medical colleges.

Fourth: The essays will be judged by the following gentlemen, and the prizes awarded in accordance with their decision.

Daniel Lewis, A.M., M.D., New York, President New York State Board of Health; Professor of Special Surgery (Cancerous Diseases), Post Graduate Medical School; Surgeon to the Skin and Cancer Hospital; Editor "Medical Review of Reviews."

Charles A. L. Reed, A.M., M.D., Cincinnati, Ex-President American Medical Association of Obstetricians and Gynaecologists; Fellow British Gynaecological Society.

John Edwin Rhodes. A.M. M.D., Chicago, Associate Professor Diseases of the Chest, Throat and Nose, Rush Medical College; Former Professor of Physical Diagnosis and Clinical Medicine, Northwestern University Woman's Medical College;

Fifth: The essays are to consist of at least ten thousand words.

Sixth: Each competitor is to send us three typewritten copies of his essay by mail in a sealed envelope. These copies are not to be signed by the author, or contain anything which might point to his identity, but are to be signed with a nom-de-plume.

Seventh: Another sealed envelope shall be sent to us containing this nom-de-plume together with the author's name and address. This envelope must be endorsed "For identification," and will remain sealed until the judges have decided upon the two prize-winning essays, and will then be opened in order that the names of the successful competitors may be ascertained.

Eighth: The prize essays and any others which are deemed suitable will be published in a medical journal or journals subject to the approval of the authors.

Ninth: We reserve the right to republish any of these essays in pamphlet form, restricting the circulation to the medical profession.

Tenth: Essays entered in competition must be in our hands by September the first, 1902.

The Maltine Company, 8th avenue and 18th street, Brooklyn, New York.

EDITORIAL NOTES.

We call attention to the obituary notice of Dr. Brown. This notice has been delayed owing to the absence from the city of the friend who was to write it.

The other day the postmaster at Lordsburg, Cal., sold a money order for fifty dollars which was sent back East to pay a doctor's bill contracted more than thirty years ago.

The Medical Club of Philadelphia gave a dinner to Dr. John A. Wyeth, president of the American Medical Association, at the Hotel Bellevue, Philadelphia, on Saturday, April 5, 1902, at 9 p.m.

The Cleveland Medical Gazette and the Cleveland Journal of Medicine have combined interests to form the Cleveland Medical Journal. This was a very wise step and the result is a very excellent journal.

We have received an interesting pamphlet by Dr. Chas. Hamilton Hughes on the Medical Aspects of the Czolgosz Case. Any physician wishing a copy should address Chas. Hamilton Hughes, M.D., St. Louis, Mo.

The Chicago Policlinic is giving a special course in surgery, gynecology, skin and venereal diseases, at the college building, 174 E. Chicago ave. Some of the most noted men in the United States are instructors.

We take pleasure in calling attention to the advertisement of the am-

bulance of Bresee Bros. This ambulance is always on hand on time and can be promptly secured by ringing up telephone Main 243, Los Angeles.

The Orange County Medical Society has elected the following officers for 1902: President, Dr. J. P. Boyd, of Santa Ana; vice-president, Dr. Wm. Freeman, of Fullerton; secretary, Dr. John L. Dryer, Santa Ana; treasurer, Dr. C. D. Ball, of Santa Ana.

There are several excellent weekly medical publications in the United States, but none superior to the "Philadelphia Medical Journal." In its last issue it announces that beginning with March 1st, 1902, the subscription price was raised from \$3 to \$5 per annum. It is well worth it.

Statistics show that in three hundred years the average length of human life has been doubled. In the sixteenth century it was between eighteen and twenty years; at the close of the eighteenth century it was a little over thirty years; today it is over forty years.—Philadelphia Medical Journal.

Hereafter only smoothfaced men shall be employed for milking cows and delivering milk in the State of New York. The Milk Commission of that State claim that the dust from the stable is liable to infect the beard, which will collect and hold microbes that may readily impregnate the milk.—American Medicine.

SAN DIEGO, Cal., April 7, 1902.

Southern California Practitioner.

At the annual meeting of the San Diego County Medical Society, held April 4th, the following officers were elected, viz.: Dr. Wm. M. Cummings, president; Dr. P. J. Parker, vice-president; and Dr. Thos. L. Magee, secretary and treasurer.

THOS. L. MAGEE.

Secretary.

We have received a handsomely illustrated monograph read before the West Chicago Medical Society on a New Method of Delivery by the Obstetrical Tractor by E. D. St. Cyr, M.D., Chicago. Every obstetrician would find this instructive and interesting. We do not know how extra copies can be secured, but think probably by writing to Dr. St. Cyr, Chicago.

We have noticed with sincere regret the death of Dr. Mortimer Ayers at his residence in Pasadena on Feb. 27th. Dr. Ayers was but fifty-three years old. He was a graduate of the Homeopathic Medical College of Missouri. He had been living in Pasadena for about seven years, where he had built up quite an extensive practice, and was held in high esteem as a citizen.

Dr. J. B. Murphy, the Chicago surgeon, has been wine and dined by the Los Angeles and Pasadena people, the limit being his power of endurance. At the regular April meeting of the Pasadena Medical Society a great many Los Angeles physicians

went over to hear Dr. Murphy lecture. It was really an ovation to that gentleman, who knows that the latch string of Southern California is always out for him.

Dr. Winslow Anderson, editor of the Pacific Medical Journal, and president of the College of Physicians and Surgeons of San Francisco, was in Los Angeles early this month on official business with the State Board of Health. Dr. Anderson says that the College of Physicians and Surgeons is in a most flourishing condition, and that they propose to steadily raise its standard until it shall be equal to the best.

Although Dr. Cephas L. Bard is quite ill yet the Board of Supervisors of Ventura county has re-elected him county physician by unanimous vote. The daily paper of Ventura says: "The Free Press, bears to Doctor Bard, the congratulations of every man, woman and child in Ventura county and for many leagues beyond its confines upon his appointment. And with the congratulations go the hope and fervent prayers that he may be spared to us for many years."

In a recent statement Major Appel, Chief Surgeon at Ft. Bayard, N. M., said: "You may quote me as saying that we can cure consumption in every stage—I have never before made that statement, but we have succeeded in demonstrating it beyond a doubt." The main features of the treatment that has proved so successful is life

out of doors in the pure air of the elevated region, most carefully selected nutritious diet and absolute rest in the case of reduced patients.

"Perineal Prostatectomy—A New Operation." A very interesting pamphlet with the above title has just come to hand. Dr. Goodfellow reports a large number of very successful operations, and says in conclusion:

"I have not discussed the Bottini method, as I see by the program that one of the members of the society read a paper upon it. I have had no personal experience in that method; but I have only to say that wherever the Bottini method is applicable, I am positive that method of perineal section to enucleate or to divide the prostate will accomplish the same results, with less trouble and risk to the patient."

We have received from George N. Edebohls, M.D., of New York City, the following interesting papers, which for those who are especially studying these subjects are very valuable:

"The Technics of Nephropexy, as an Operation per se, and as modified by Combination with Lumbar Appendectomy and Lumbar Exploration of the Bile Passages."

"Migrated Ovarian and Parovarian Tumors."

"On Bandages for Nephroptosis."

"Is the Kraske Operation Justifiable in Women?"

"Panhyster Okolpectomy: A New Prolapsus Operation."

"The Cure of Chronic Bright's Disease by Operation."

A letter from Dr. Guy Hinsdale, of Philadelphia, who is secretary of the Climatological Association, announces that they have been unexpectedly compelled to change the place of meeting to Los Angeles owing to the necessity of closing the Coronado Hotel for repairs. The meeting will be held June 12th in Los Angeles, but they will have a preliminary meeting on June 10th at Idyllwild. Dr. Hinsdale says: "We have twenty-seven papers on the program and the meeting is an assured success." Dr. Norman Bridge is chairman of the committee on arrangements and Dr. W. Jarvis Barlow, of Los Angeles, and Dr. E. J. A. Rogers, of Denver, are his associates.

We trust that our physicians will see that a good, whole-souled California welcome is given these distinguished men from the East.

"Nauheim" Baths:—American Medicine. These baths are used chiefly to relieve the embarrassed circulation by stimulating the activity of the vast peripheral vascular system, both cutaneous and muscular, in cases of valvular and muscular diseases of the heart. The ingredients for these baths have been placed upon the market in convenient packages. Eight parts of sodium bicarbonate will neutralize twelve parts of sodium bisulfate, but it is desirable to keep the alkali in excess—among other reasons,

for the protection of the tub. The commercial packages each contain about 32 ounces of sodium bicarbonate and an equal quantity of bisulfate, made into cakes of 4 ounces each. These quantities in a bath of 40 gallons, will yield about 250 cc. of carbon dioxide to the liter. The quantity of gas evolved may be increased by adding bisulphate.

In giving the Nauheim bath many American physicians content themselves with common salt; others use sea salt, believing that the iodine and bromine have therapeutic value; still others prefer the Nauheim crystalized salts. The tub should contain from 40 to 50 gallons of water of the temperature desired, usually from 97 to 99 F. The brine solution is first made, and then the sodium bicarbonate in convenient packages is deposited at four places in the tub, corresponding to the shoulders and ankles of the patient when he shall be immersed. The acid cakes are deposited in the neighborhood of the alkali and, unless the tub is of wood or porcelain, should be deposited upon squares of tinfoil. Evolution of gas begins at once, and is allowed to progress for two or three minutes, so that the water shall be well charged before the patient enters. The general duration of the bath in cases of cardiac and renal affections is from five to eight minutes. To some patients it is well to give the bath at night, and to follow it with brief massage, as the combination tends to promote refreshing sleep. A course of graduated baths, usually 12

in number, may be extended over a period of from four to six weeks; after which the treatment may be intermitted for twelve weeks or more. Such a course may begin with weak saline baths; the third or fourth bath may be mildly carbonated; while the twelfth will reach a high degree of saline percentage and of gaseous charge.

THE LATE DR. W. S. MUIR.

Doctor Muir, of Nova Scotia, who was so recently in our midst, made such a host of friends during his stay in Los Angeles that we republish the following from the Maritime Medical News for March:

"What strikes one most in looking over that list of our former presidents is the uncertainty of life." These were the words of Dr. W. S. Muir in his presidential address at the meeting of the Maritime Medical Association in Halifax last year. Who that listened to him as he stood before us, the embodiment of glowing health and manly vigor, could have thought that ere another meeting, he too should be summoned to the Unseen Land! Seldom has a community been more surprised and shocked than were the residents of Truro and its vicinity on Monday, 10th inst., when it became known that Dr. Muir was no more. And we are safe in saying, that as sharers in their surprise and grief, they have the whole medical profession not in Nova Scotia alone, nor in the Maritime Provinces, but throughout the whole Dominion.

With the exception of some of the professors in our leading medical schools, and members of the staffs of the larger hospitals, few names were better known in the medical societies of this country; and in the death of Dr. Muir, the profession in Canada has lost one of her most skilful, most

widely known and best beloved members. And those who knew him best loved and admired him most.

Dr. Muir appeared to be in his usual good health, when on Thursday evening, the 6th inst., he was seized with abdominal pain which continued during the night. His condition fluctuated during Friday, there were some perplexing features in his case, but on Saturday he was apparently improving, the temperature coming gradually down and the pulse becoming normal. During that evening, however, there was a change for the worse, the pulse rose and vomiting set in. An operation was performed early on Sunday morning, and the appendix was found gangrenous. Hopes were entertained for some hours as the condition improved in several respects, but towards daylight on the 10th a change for the worse occurred, and death took place at 10:45 a.m.

Dr. William Scott Muir was born at Truro in October, 1853, and was the third son of the late Dr. Samuel Allan Muir, who settled in this country about sixty years ago and practiced in Truro. He was a remarkably able man, a graduate of the University of Glasgow, and for many years one of the most prominent practitioners in this province. In those days most medical students began their career as private students or apprentices to leading practitioners, and Dr. Muir had generally three or four young men studying under him. It was then from his father that Dr. W. S. Muir acquired the rudiments of medical science. He then studied under the medical faculty of Dalhousie College, Halifax, graduating in 1874. He filled the position of resident physician and surgeon in the Provincial and City Hospital (now the Victoria General Hospital) and thereafter practiced for a few months in Shelburne. He then went to Edinburgh where he contin-

ued his studies, and took the L.R.C.S. and L.R.C.P. He returned to Nova Scotia and settled in Truro in 1877, where he soon acquired a large and ever increasing practice.

As an all round practitioner, Dr. Muir had no superior and but few equals. His frank and genial nature, his transparent honesty, and his whole-souled devotion to his profession gained him the confidence of the public and the esteem of his colleagues. As years passed on he came to be largely called in consultation and he was very successful in surgical work. He had one of the best libraries in the country, was a subscriber to several medical journals, and kept well abreast of the march of medical progress.

He had the gift of being a rapid reader, and he had an almost instinctive faculty of selecting the most important parts of an article, and in addition was possessed of a most retentive memory. Sound in judgment, prompt in action, fertile in resources, he was at his best when face to face with difficult emergencies.

Dr. Muir also found time to contribute frequently to the medical press, and some of his communications have been of unusual interest.

No notice of Dr. Muir's career would be complete without reference to his work for the Nova Scotia Medical Society. He was elected secretary at a meeting held in Truro in 1887, and was annually re-elected to the position. It is not too much to say that he infused new life into the society, and that its present prosperous condition is almost entirely owing to his untiring exertions. He was, more than any other man, its life and soul, and as a friend writes: "A meeting of the society without Muir will not seem natural." The welfare of the society was indeed very near to his heart, and he spoke of its work and of its future within an hour of his death.

It is a melancholy satisfaction now to reflect that the profession showed its appreciation of his earnest and unselfish work. For the past few years the society has always voted his re-election by a spontaneous outburst of cheering, and last year the members subscribed for, and presented to him and Mrs. Muir, a handsome piece of plate.

Dr. Muir was also, at the time of his death, president of the Maritime Medical Association, having occupied the chair at the meeting of 1901.

He was a vice-president of the Canadian Medical Association, and read an address in Therapeutics before it at a meeting in Toronto in 1890. He was also a Fellow of the New York State Medical Society.

He was selected by the authorities of Dalhousie College as an examiner in *Materia Medica* and *Therapeutics*, and was also an examiner for the King's College and for the Provincial Medical Board.

Dr. Muir was a man of fine physique, and in his younger days distinguished himself in various branches of athletics. He was an enthusiastic cricketer. He was also possessed of a fine voice and sang in St. John's Church, and took an active interest in its affairs.

Dr. Muir married, in 1879, Catherine, daughter of the late Walter Lawson, C.E., of Aberdeen, and leaves one son, Walter, at present pursuing his studies at King's College, Windsor.

To his widow and son, and to his sorrowing brothers and sister, we tender our sincere sympathy.

In giving a description of the last sad rites we can do no better than append what has been culled from the Truro Daily News of the 13th inst.:

"From early morn flags were half mast, and citizens moved about their business and to and fro in the streets, plainly indicating that a great calamity

ity had fallen upon our town. There was a suppressed, inexplicable feeling that Truro had sustained an almost irreparable loss, which was intensified as the time, 3:30, appointed for the funeral services, drew near. At that hour, shops and places of business, public schools, and private offices were closed, and the streets were lined with hundreds of spectators.

"The Ven. Archdeacon Kaulbach, Archdeacon of Nova Scotia, conducted the solemn service, during which many in the audience gave way to their feelings in audible sobs.

"Over the altar were a few cut flowers, and a cross of immortelles—the floral souvenirs, by request, being of the simplest kind. The vacant seat in the choir stalls, so often occupied by the deceased, was marked with a wreath, a touching tribute from the members of the choir.

"The usual choir of St. John's was strengthened by the addition of a number from other churches, who had been personal friends of the deceased, and who had frequently sung in concert with Dr. Will, to the delight of Truro audiences.

"The hymns sung were well known favorites of the deceased, and were rendered by request.

"At the close of the service, while the Archdeacon was robing for the cemetery, Mrs. John Logan gave a most touching rendering of 'But the Lord is mindful of His own,' from Mendelssohn's St. Paul. The singer was deeply affected during the rendering of this most sympathetic tribute to the memory of her dead friend, but sang it through in a manner that brought tears to the eyes of hundreds in the crowded church.

"As the body was removed from the church, and the mourners and others retired, Miss Nelson gave a beautiful rendering of the 'Dead March in Saul.'

"A long cortege followed the remains of our late beloved citizen to their last resting place in Terrace Hill cemetery, where, according to the ritual of the church he loved so well, his mortal remains were committed to the grave, 'earth to earth, ashes to ashes, dust to dust,' till the 'Grand Resurrection Morn.'

"A pathetic part of this long funeral cortege, that brought sad hearts to all spectators, was the sight of Dr. Will's empty carriage, drawn by his faithful horse 'Billy,' lead by the ever faithful groom, Willie Wilmot, that followed immediately in the rear of the hearse."

DR. KENYON ON ORGANIZATION.

SAN FRANCISCO, March, 1902.

Dear Doctor:—

At the last meeting of the Medical Society of the State of California, a resolution was introduced, and adopted, empowering the president to appoint a committee of fifteen to revise the constitution and by-laws of the society that they may more fully conform to the advanced ideas of rules and regulations governing intelligent and scientific medical associations; and report at the next regular meeting.

You are doubtless aware that the American Medical Association at its meeting in June, 1901, at St. Paul, adopted a radically revised constitution and by-laws, looking to a systematic and all-persuasive organization of the medical profession, with the county society as the unit and foundation; the county societies leading to the State society, the State societies to the American Medical Association, conferring, so far as may be possible, equal privileges and blessings on every reputable member of the profession.

The subject of organization and

reorganization is, to use a common expression, "in the air." Several State societies which have met since the St. Paul meeting of the American Medical Association have taken active steps to systematically organize the profession in their respective States.

It was fortunate that the revisional committee was appointed in advance and ready to act on the line of this new order of things—practically a reorganization.

The revisional committee, however, had not advanced very far in formulating its plan before it realized the magnitude, and especially the importance of the work before it, and it has endeavored to present a report that would harmonize with the plan of the American Medical Association for the unification of the medical profession in the United States.

A few of the most important changes that will be submitted in the report of the committee (a printed copy of which you can procure at the approaching meeting), are the sectionizing of the society into a scientific and a legislative branch. All members shall be entitled to the privileges of the scientific branch. The legislative branch is the business and fiscal section, and shall be composed of delegates elected annually from the county societies in affiliation with the State society, and delegates elected in the same manner from the members at large.

The annual dues of \$5 have been eliminated; the revenue for the State society shall be obtained from county societies by the annual payment of not less than \$1 a member, and from members at large of \$3 annually. This plan materially reduces the annual cost, and, we believe, that the revenue derived from the increase of membership will, in a reasonable time, exceed the total receipts of the present.

Another provision is the defense by the State society of mal-practice suits that may be groundlessly alleged against a member, and one of the duties of the judicial council shall be to take such steps as may be considered best for the protection and defense of the accused. In case a member of a county society has been accused, tried and a verdict rendered for reprimand, suspension or expulsion, there is a provision giving him the right to appeal to the judicial council. It shall report its findings and decision to the legislative branch at the following annual meeting for final adjudication.

Other important changes have been made, but space will not permit their enumeration at this time.

The committee has kept constantly in view the importance of submitting a constitution and by-laws that would cement and protect the members of the profession throughout the State. The reorganization plan outlined by the American Medical Association demands membership in the State societies and, when possible, in the county societies. In this way each member is an important factor in the phenomenal National and State movement having for its object the promotion of harmony and good fellowship among medical men.

It is not necessary to present arguments to prove that there is at present an indifferent relationship among the local societies; that each one acts independently, there being no concert of action among them regarding measures of mutual importance. Therefore, no successful organization of the profession in this State is possible without the mutual co-operation of the State and county societies. If the Medical Society of the State of California will manifest a readiness to do its part, there is

but little doubt that the county organizations and the remotest individual member will do their share in the accomplishment of the purpose of the committee on revision.

The undersigned, appointed by the revisional committee, to draft and submit this letter for your earnest consideration, do respectfully urge you to take an active personal interest in the report of this committee. If this report is adopted, it will bring

California well to the front in the advancement of medical culture, of mutual protection, and in the promotion of cordial relations and fellowship among the members of the medical profession.

C. G. KENYON,
D. A. HODGHEAD,
G. W. DAVIS,

Committee.

Approved for publication,
WM. J. G. DAWSON,
President.

BOOK REVIEWS.

COHEN. A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; Physician to the Philadelphia Hospital and to the Rush Hospital for Consumption, etc. In Eleven Octavo Volumes. American, English, German and French Authors. Volume VI, Dietotherapy and Food in Health. By Nathan S. Davis, Jr., A.M., M.D., Professor of the Principles and Practice of Medicine in Northwestern University Medical School; Physician to Mercy Hospital and Wesley Hospital, Chicago; Member American Medical Association, etc. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price for the set complete, \$27.50 net.

This volume on Dietetics is very interesting. The author especially urges the importance of drinking considerable quantities of water, and says that an average of from 50 to 60 ounces of water is required each day. Twenty-five ounces more are obtained from the so-called solid foods of which water constitutes an average of 50 per cent. If we say that from two to four pints, or from four to eight glasses of water are required daily, the quantity may be more readily comprehended.

The author enters into the foods of

the Mexicans, Negroes and other nationalities, and says:

"The Negroes of the Southern States have a particularly unvaried diet. In Alabama, about Tuskegee, where their diet has been most studied, their staple foods are fat salt pork, corn meal and molasses. Cooking is most primitive; only two families of those investigated had stoves."

The following extract from a letter of Mr. Hoffman, of the Tuskegee Institute, is of special interest in this connection:

"The daily fare is prepared in very simple ways. Corn meal is mixed with water and baked on the flat surface of a hoe or griddle. The salt pork is sliced thin and fried until very brown, and much of the grease fried out. Molasses from cane or sorghum is added to the fat, making what is known as 'sap,' which is eaten with the corn bread. Hot water sweetened with molasses is used as a beverage. This is the bill of fare of most of the cabins on the plantations of the 'black belt' three times a day during the year. It is, however, varied at times; thus collards and turnips are boiled with the bacon, the latter being used with the

vegetables to supply fat 'to make it rich.' The corn meal is sometimes made into so-called 'cracklin bread,' and is prepared as follows: A piece of fat bacon is fried until it is brittle; it is then crushed and mixed with corn meal, water, soda, and salt and baked in an oven over the fireplace. Occasionally the Negroes may have an opossum. To prepare this for eating it is first put in hot water to help in removing a part of the hair, then covered with hot ashes until the rest of the hair is removed; thereupon it is put in a large pot, surrounded with sweet potatoes, seasoned with red pepper, and baked. One characteristic of the cooking is that all meats are fried or otherwise cooked until they are crisp. Observation among these people reveals the fact that very many of them suffer from indigestion in some form."

The chapter on diet in diseases of the stomach, and diseases of the kidneys, and the nervous system, and in infectious diseases, are all practical, while that on infant feeding gives the most recent authorized conclusions.

HEMMETER. DISEASES OF THE INTESTINES. Their Special Pathology, Diagnosis, and Treatment. With sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces, and Urine; Intestinal Bacteria and Parasites; Surgery of the Intestines; Dietetics; Diseases of the Rectum, etc. By John C. Hemmeter, M.D., Philos.D., Professor in the Medical Department of the University of Maryland; Consultant to the University Hospital and Director of the Clinical Laboratory; Author of a treatise on "Diseases of the Stomach," etc. In Two Volumes. Vol. II:—Appendicitis, Tuberculosis, Syphilis, Actinomyces of Intestine, the Occlusions, Contusions, Rupture, Enterorrhage, Intestinal Surgery, Atrophy, Abnormalities of Form and Position, Thrombosis, Embolism, Amyloidosis, Neuroses of the Intestines, Intestinal Parasites, Diseases of Rectum. With plates and many other illustrations. Octavo, 65 pages. Published by P. Blakiston's Son & Co., Philadelphia, 1902. Price, Vol. II, net \$5.00. Set complete \$10.00.

It is indeed a pleasure to add this

volume to a medical library. It completes the three volumes of the author; the first on "Diseases of the Stomach," and these two volumes on "Diseases of the Intestines." The greatest portion of this volume is devoted to intestinal occlusion, but there are sixty-nine pages on appendicitis. There are also fifty pages on the clinical aspect of intestinal surgery, and thirty-one pages devoted to nervous diseases of the intestines, and the seventy pages devoted to parasites of the intestinal canal are particularly instructive. The chapter on parasites enters into the diagnosis and treatment for tapeworms, flukeworms, roundworms, seatworms and other intestinal parasites. Over fifty pages are devoted to diseases of the rectum, taking up examination of the rectum, proctitis, hypertrophy and stricture of the rectum and the various other allied diseases. In speaking of the treatment of pruritus, the author says: "The initial cause is to be sought and removed. Mechanical irritation should be stopped. The parts should be painted with a solution of nitrate of silver, or with some other astringent lotion. Sedative ointments or powders may be profitably applied. Fomentations are objectionable. Chrysarobin ointment will rapidly remove the hypertrophy of the integument. The patient should be required to practice daily gradual dilation of the anus by means of a conoid or cylindrical anal dilator. Sitz baths are required daily. If parasites are present the treatment is that outlined in the chapter devoted to this subject."

THE INTERNATIONAL MEDICAL ANNUAL:
A Year Book of Treatment and Practitioner's Index.

CONTRIBUTORS

Robt. Abbe, M.D.
Bernard L. Abraham, J.S., M.B., F.R.C.S.
Hobart W. Allingham, F.R.C.S.
Richard Barclay, F.R.C.S.
Frederic Beach, M.D., F.R.C.P.

A. S. Clark, M.D., F.R.C.S.
 Jos. Campbell, M.A., M.D., F.R.C.S.
 Prof. A. H. Carter, M.D., F.R.C.P.
 Prof. H. D. Chapin, M.A., M.D.
 D. L. A. Chowry-Murphy, M.D.
 E. Hurry Fenwick, F.R.C.S.
 A. B. Giles, B.Sc., M.D., F.R.C.S.
 Howard B. Gladstone, M.D.
 Edward W. Goodell, M.D.
 Prof. G. M. Hammond, A.M., M.D.
 Edwin Holthouse, M.A., F.R.C.S.
 Robt. Hutchison, M.A., M.R.C.P.
 Theo. N. Kelynack, M.D., M.R.C.P.
 Priestley Leech, M.D., F.R.C.S.
 Prof. Henry P. Loomis, M.D.
 James Kerr Live, M.D.
 Prof. Joseph McFarland, M.D.
 John MacIntyre, N.B., C.M.
 Wm. Milligan, M.D.
 Keith Monsarrat, F.R.C.S.
 Wm. Murrell, M.D., F.R.C.P.
 Jos. Priestley, B.A., M.D., D.P.H.
 Boardman Reed, M.D.
 Prof. Robt. Saundby, M.D., F.R.C.P., LL.D.
 W. Scott Schley, A.B., M.D.
 James Shaw, M.D.
 Walter G. Spencer, M.S., F.R.C.S.
 Joseph G. Turner, F.R.C.S.
 J. W. Thompson-Walker, F.R.C.S., L.D.S.

Norman Walker, M.D.
 Christoph. Williams, F.R.C.S.
 1902 Twentieth Year. New York: E. B. Thout & Co., 241-243 West 23rd Street; Chicago: 199 Clarke Street. Price, \$3.00.

This annual resume of medical progress comes in its usual form except that each year it is more fully illustrated, keeping pace with the general progress in that direction. The chapter on phthisis is particularly valuable and interesting, entering especially into the matter of electrical currents of high frequency and high potential.

"THE COW PEA" is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society at Southern Pines, N. C. This book neatly bound and illustrated in plain and concise manner discusses the value and uses of this important crop, the Cow Pea. Every reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

THERAPEUTICAL HINTS.

STERILIZING CATGUT.

Catgut prepared after the manner advised by Ball (quoted in the Medical News, Dec. 21, 1901) is undiminished in strength, keeps well, is pliable and knots well, is absorbable (No. 0 being absorbed in about six days), and is sterile.

Catgut up to No. 4 is rolled on glass reels and soaked for twenty-four hours in a five per cent solution of formalin; it is then thoroughly washed in cold water. The gut is next dropped into boiling water and left there for from five to ten minutes, according to the thickness of the gut. Finally, it is placed in the following solution: Mercury perchloride, 1 part; boiled glycerine, 250 parts; methylated spirit, 1000 parts. The gut is then ready and receives

no handling after sterilization until it is used.

The glycerin and spirit dehydrate the gut and the former renders it pliable. The mercury perchloride impregnates the gut swollen by boiling with an antiseptic and hardens it sufficiently to prevent its twisting when moistened by the tissues during the process of stitching, a difficulty with gut dehydrated with alcohol alone.—Therapeutic Gazette.

THE GRAPE CURE. — Gazeta Medica Lombarda contains an account of the grape cure. This method of treatment is recommended by Dujardin-Beaumetz and others for cases of dyspepsia, especially when accompanied by constipation and in the gouty. It is also valuable in chronic diarrhea of dysenteric origin.





W. W. BECKETT, M. D.
President Southern California Medical Society.

SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XVII.

LOS ANGELES, MAY, 1902.

No. 5

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE, Associate Editors.

REPORT OF THREE CASES OF ABDOMINAL ANEURISM.

BY C. C. BROWNING, M.D., HIGHLAND, CAL.

In presenting for your consideration a report of the following cases, I shall consider only such symptoms as are necessary to give an outline history of the cases. The Tufnell method was made the basis of treatment in all. The diagnosis was confirmed by other physicians. The principal symptoms were present in each case and they were all of the saculated variety.

Cases No. 1 and No. 2 were treated by myself and No. 3 was treated by Dr. Geo. L. Cole of Los Angeles, who kindly furnished me his notes. I examined the case before treatment was instituted and again recently.

CASE NO. 1.

Age about 25, single, school teacher.

For several months past had ridden about five miles to her school and returned home each evening, on horseback. Some time in March previous her horse had wrenched her so that she had complained of pain in her back ever since, a period of about three months. She would become very tired from her ride and being on her feet during school hours, had noticed that rest in recumbent posture afforded marked relief from pain. Also

developed symptoms of intestinal indigestion which gradually became aggravated, although she had never suffered from these symptoms before. June 21, 1894, I was called to see her. Found her about one week advanced with an attack of typhoid fever of moderate severity, which ran an ordinary course. On examination I found a pulsating tumor about two and one half inches in diameter lying more to the left of the median line and extending as low as the umbilicus. The patient, naturally of spare build and now reduced somewhat in flesh, rendered examination very satisfactory. In addition to other signs, I was able by firm, but gentle pressure applied for about five minutes to reduce the tumor almost completely but it would regain its former size in a few seconds, if pressure were wholly removed, with some disagreeable sensations of faintness and pain. During the course of the fever there were variations in size of the tumor which were quite noticeable as the heart action was strong or weak. The attack of fever subsided in about two weeks after I first

visited her. During this time I had kept her absolutely confined to her bed. I now explained to her her condition and recommended prolonged and absolute rest, with such remedies as might be suggested by symptoms which might arise. Diet was not materially restricted, but solid diet was recommended as far as convenient, as soon as condition following termination of attack of fever seemed to make it advisable. Later iodide of potassium, in 10 grain doses t.i.d. was administered for about three weeks. The tumor was not examined frequently for diagnostic purposes and after I felt sure of diagnosis avoided handling except in the most gentle manner. It gradually grew smaller and firmer until in three months it was about two inches in diameter and quite firm. During this time she had not been raised up in bed. She now began to be raised up a little each day until she sat up in about a week. About one month later, after a walk of about three-fourths of a mile, she suffered severely from former symptoms and was confined to bed for a month longer. After this her improvement was continuous and after several months was enabled to resume light household duties. During this period over exertion would be followed by severe pains in the region of the tumor. These gradually disappeared until they ceased to be noticed. She married about three years later and while the tumor could still be detected on deep pressure, no untoward symptoms were present. After her marriage she moved to a neighboring city and I have seen her only occasionally. A few weeks since she informed me that she has felt no inconvenience from the aneurism since about two years following treatment. She has one child about two years of age and takes the entire care of her house.

CASE NO. 2.

Married. Age about 30. Mother of three children. Of stout build.

Had suffered for about three months with what she supposed to be indigestion and had taken remedies addressed to that train of symptoms without relief. The symptoms were generally relieved after lying down for some time, but returned on rising. Also complained of pains in back and abdomen. April 8, 1897, I saw her for the first time and found an aneurismal tumor with its origin about the umbilicus, extending downwards about three inches and about the same dimensions laterally, not exactly regular in contour but rather larger at fundus which presented forward. She gave a history of having sustained a very severe strain about three months previous, at which time there was a sensation of something having given way. The pain was intense and there were pronounced symptoms of shock. On two occasions since, she had experienced a less severe pain accompanied by faintness, following a sudden exertion. At the time I saw her she was suffering from the third attack of this kind. Complete rest in bed was enjoined and iodide of potassium administered with remedies addressed to other symptoms as they arose. For ninety days she did not raise as much as her shoulder from her pillow. By this time marked improvement in size and solidity of the tumor was quite obvious but it was still compressible and elevation of the shoulders caused slight fullness of the tumor. She was kept in the recumbent position for one month more, when the tumor appeared to be solidified. The iodide of potassium was soon abandoned in this case. The stomach soon became irritable and great care was necessary to prevent her digestion from becoming so much

impaired as to seriously interfere with nutrition. Restlessness was marked during the first two weeks. She began to go about carefully, after four and a half months from the beginning of treatment, being instructed to lie down whenever pain developed in the region of the tumor. The amount of exertion which could be endured without producing unpleasant symptoms gradually increased until the symptoms disappeared entirely, after a period of about eighteen months. Four years have now passed and she still is in the enjoyment of good health although the tumor is still perceptible.

CASE NO. 3.

Nurse, age 25; previous health not good for several months.

She was reduced by close confinement to work and about nine months previous to the time I first saw her, had suffered from a severe strain, accompanied by excruciating pains referred to gastric region, accompanied by a feeling of faintness. Shortly afterward she noticed a pulsating tumor in this region. The same sensations were experienced later during violent exertion.

July 29, 1900, she presented herself for treatment for an attack of acute illness. During an examination an abdominal aneurism was discovered. She was informed of the condition and prolonged rest advised. This she declined to take at the time and in about two weeks was beginning to sit up. Her convalescence was tedious and it was not until two months later that she was able to undertake a case as nurse. This patient in addition to the physical signs, complained of indigestion, pain in region of tumor, coldness of extremities, attacks of dizziness and violent pulsations, all of which were much aggravated by exercise and relieved by the recumbent position.

Nov. 19, 1900, she presented herself

to Dr. Geo. L. Cole, who confirmed the diagnosis of aneurism and directed rest with iodide of potassium, 10 grains, three times daily. This treatment was continued for twelve weeks when she began to sit up, and she again went to work three weeks later. By this time the aneurism had apparently diminished in size, but she still complained of throbbing at the site of the aneurism and coldness of the extremities. Since the latter part of April, she has been doing some work, but not steadily. The administration of gelatine was begun about July 15th of the present year, and is now being used in daily doses of about half an ounce, per orum.

Nov. 17th, she was at my office and on examination I found the tumor smaller and firmer than when I made my former examination. She still complains of symptoms of intestinal indigestion, pain in the region of tumor and cold extremities, all of which are much aggravated by exertion, although she says the symptoms are much less annoying than formerly. She told me she had been unable to maintain the desired degree of quiet during treatment and had found it necessary to get out of bed several times daily to wait upon herself.

The treatment by rest and restricted diet is not new. The "Starvation treatment" dates far back in the history of medicine. More recent investigations have found that the blood is less coagulable during the great reduction of food and one of the ends sought to be obtained is thwarted; although the blood-pressure is reduced. In treatment of the above cases the diet was of secondary consideration. It was restricted only as regards liquids and in that particular not sufficient to inconvenience the patient. The favorable results obtained in these cases, I think was much favored by the condition of the patients. They were none of them over

thirty years of age and so far as could be determined, were not subjects of general disease of the arterial system.

There are a few points in pursuing this line of treatment on which I desire to lay especial stress. Of first importance is the hearty co-operation of the patient. The gravity of the trouble if allowed to proceed uninterruptedly and the prospect of recovery in suitable cases by carrying out the treatment in minutest detail, should be thoroughly impressed on the patient.

The selection of a room so as to be as congenial as possible should be considered. The bed made comfortable and so arranged as to call for the least possible exertion on the part of the patient. The greatest hardship in the patients I attended was experienced during the first week. This was especially marked in the patient who had been active until the beginning of treatment. It may be well in such

cases not to be too strict in the demands for a few days, but allow some freedom of movement. As soon as practicable, however, as nearly as possible complete rest should be obtained with the head as low as is comfortable.

The disturbance with the digestive system may contraindicate the use of potassium iodide or other drug used for similar reasons, and the entire medicinal treatment be confined to relief of these symptoms and that of restlessness. Only the most gentle manipulation of the tumor should be permitted. At the expiration of the term of confinement the patient should be raised gradually, the effect on the tumor in regard to pain, pulsation and size being carefully noted. Perhaps the addition of an extra pillow each day under the head or shoulders until they come to the full sitting posture is sufficiently rapid. Exertion after getting up should be equally carefully regulated as long as there are any unpleasant symptoms produced.

PLACENTA PRAEVIA—REPORT OF CASES.*

BY M. L. MOORE, M.D., LOS ANGELES, PROFESSOR OF OBSTETRICS, MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

CASE NO. 1.

Mrs. L., age 34; multipara. One child six years old, abortion at three months, one year prior to conception in last pregnancy. Patient had nothing unusual in her symptoms until about the eighth month, when she had a slight hemorrhage while attending to her household duties. I was called to see her and suspected placenta praevia. She was put to bed and next day made an examination, which showed a decided increase in the fullness of cervical tissues, arteries throbbing and vaginal vault soft and baggy.

She was kept in bed for one week with no recurrence and was then allowed to sit up and move carefully about her room. On the second day after this the hemorrhage recurred and was quite severe, saturating her clothing and a number of thick pads and caused patient to be perceptibly pale. I now made another examination by pushing my finger through the cervix, made out without difficulty the placenta. Patient anaesthetized could pass finger well up and made out that the placenta was located on left side, and feeling to right about one

*Read at the Los Angeles Meeting of the Southern California Medical Society.

inch a smooth surface which was the membranes. I decided to induce labor. I used Krouse method, introduced two large sterilized soft rubber catheters, directing them to right side. Tamponed the cervix with wet borated gauze, packing it firmly, filled the vagina with small tampons on cotton, squeezed out of 47 boracic solution. In a few hours labor commenced and I allowed this to continue for some three or four hours. I then removed the packing, which was quite saturated with blood and made a quick examination and found the cervix about one-third dilated and fully one-half covered with placenta. The hemorrhage following, a pain was considerable and at this time hesitated as to rupture and doing version or allowing the head to descend. I determined on the latter. After rupture the head descended and by pressure on the fundus of the uterus the head made sufficient pressure to control hemorrhage. The labor terminated normally and got a living child. Patient made a good recovery. I will state as a clinical fact that after rupture of the membranes the part of the placenta over the os was protruded as a fleshy mass into the vagina.

CASE NO. 2.

Mrs. D., aged 30; primepara. Was a patient prior to her marriage, afflicted with syphilis, for which she was treated for one year constantly. All evidences of the disease disappeared and she was in the best of health at time of marriage. After marriage she had a chronic endometritis and curetted for the same. She conceived in a few months and was in the best of physical condition all through her pregnancy up to the time of first hemorrhage, which occurred at the beginning of the ninth month. She had the first hemorrhage while in bed, at which time she lost probably a half pint of blood.

I made an examination and found the soft baggy cervix and vaginal vault and by passing finger through the cervix felt the placenta. I then tamponed her with sterile gauze, plugging the cervix, and filled the vagina with small tampon squeezed out of hot carbolyzed water. I left patient, sent a trained nurse immediately.

In the meantime was called to another case of confinement and sent my assistant, Dr. Ferbert, to remain with patient until I should finish with second case, which by the way was completed promptly, and as I was leaving the house was summoned in a great hurry to return to the previous case. I found patient had been in hard labor and the bleeding had dislodged and expelled the packing and patient in almost bloodless state. I passed hand into vagina, cervix one-third dilated; swept my finger around the inner cervix to determine if the membranes were near enough to rupture. Not finding it and all the time the patient losing blood, I went through the center of placenta, did version and dragged the child through, following immediately the delivery of the placenta. The uterus contracted firmly. Gave a hot sterile vinegar and water douche and patient made good recovery. Child was still born.

CASE NO. 3.

Central placenta praevia; patient aged 36; multipara. Large plethoric woman, weighed probably 200 pounds. Was during first four months very sick, after which time she was perfectly well. Patient lived about one block from me. At 2 a.m. was awakened by the husband, who stated his wife was bleeding to death. I quickly dressed and ran to his house. This was at the beginning of the eighth month of pregnancy. I found her laying in a pool of blood extending from her feet to her head and a pool on the floor, where it had run over the

edge of the bed. Patient had a rapid pulse and was very pale. I immediately tore a fresh laundried sheet into strips and squeezed this out of vinegar and water cold. This was packed tightly into the vagina, which effectually controlled the hemorrhage. I then called in counsel and we decided to dilate the cervix, which we did by putting in water bag of Barnes and packing of gauze below it. An external examination showed the head in left illae region and decided to try external method of version. I succeeded in about a half hour in getting the head near the fundus of the uterus, a bandage was applied and in a few hours labor came on, pains increasing in force and frequency. After several hours removed the packing and with patient anaesthetized, introduced my hand in the vagina, swept my fingers around the cervix and found on one side about half the length of index finger, the membranes, which I ruptured and without any difficulty caught the foot and dragged it into the cervix and continued the traction until the thigh was firmly wedged and hemorrhage controlled. The patient was kept lightly under ether; was given frequent drinks, as then we knew nothing of salt infusions. The traction was kept up, slowly dragging the body into the cervix and finally delivered. The placenta was quickly delivered. Was given a hot sterile vinegar and water douche. The child was resuscitated after some little time. Patient on third day had a chill and temperature from some infection. I at once gave an intra-uterine bichloride douche, followed by sterile water. Swabbed out the uterus with equal parts of iodine and carbolic acid; put in iodoform gauze drain. There was no recurrence of chill or fever and patient made a good recovery.

CASE NO. 4.

Patient age 26; mother of two

children; thirteen months difference in ages. At four months had some hemorrhage, about what would saturate a thick napkin. Patient kept about and finally came to my office, stating that each day was some oozing. I examined her but could not determine its cause, except it was a central placenta praevia. I advised her to keep quiet, which she did, but at intervals of a week there would be quite a flow of blood. I noticed she was getting pale. I then held a consultation and we decided to anaesthetize patient, dilate cervix sufficient to make a positive diagnosis. This was easily done and found a fleshy mass which was central. I now introduced catheter and tamponed cervix and vagina and labor started in about six hours. The patient was allowed to labor until the pains were expulsive, when I removed the packing, found placenta protruding in the vagina, which I delivered in advance of the foetus. This case I report as one of especial importance from the fact of the early appearance of hemorrhage; to have tried to tide her along until the child was viable would have endangered her life and made the chances of getting a living child almost nil.—Bradbury Building.

In the last five years of the 19th century the annual consumption of drink for each individual in the several populations was as follows: Great Britain, 33.1 gallons; France, 32.3 gallons; Germany, 29.9 gallons; the United States, 14.2 gallons.

He who knows not, and knows not that he knows not, is a fool; avoid him.—He who knows not, and knows that he knows not, is simple; teach him.—He who knows, and knows not that he knows, is asleep; wake him.—But he who knows, and knows that he knows, is a wise man; follow him.—Arabian proverbs.

SALICYLIC INTOXICATION.*

BY FRANCIS H. ATKINS, S.B., M.D., LOS ANGELES, CAL.

You do not know much about medicine and toxicology, but as the *cacoe-thes scribendi* is upon me I propose to do what I have for nearly three years neglected to do, until now memory is less vivid and my narrative is less likely to prove interesting.

It was in October, 1898, when I was quite ill. Gouty pains led me to crave salicylic acid as the one agent that always seemed to clear me up most quickly when under the malign influence of imperfect oxydation in the tissues.

Small doses didn't serve, so I urged my attending medical friend to push the drug and so I achieved the curious condition of salicylic intoxication, which I will attempt to describe.

I was very weak and nervous, and taking no food but a little hot milk, and sleeping slightly.

For the therapeutically unlearned let me say that what we call solicylism (effects on the nervous system) is usually limited to ringing in the ears and slight deafness, much the same symptoms that quinine causes (cinchonism), and is rarely intolerable. The common dosage of salicylate of sodium is 60 to 90 grains daily and I was treated to a lot of visual and aural sideshows that would make the fortune of Ringling's circus. Frequent references occur in medical literature to odd results in salicylic poisoning, but in my long search in Los Angeles medical literature I have failed to find any detailed reports, only that sight joined hearing in deceiving (or trying to deceive) the taker of the active drug.

The most remarkable circumstance about my case was the predominating involvement of the visual sense, the

minor involvement of the ears, hence I will dispose of the briefer aural effects first and delay more on the visual.

There was moderate deafness during the three or four days the drug was in use, and some buzzing noise, but the chief sounds that caught my attention were musical and by no means suggestive of Lohengrin or even of my favorite Bohemian Girl. Incessant playing of the crudest polkas on many pianos in the neighborhood, as if heard through open windows in summer in a closely-built street. This tawdry performance would be varied by the faraway din of a small brass band, as if in some small one-tent show.

And really, that was all of the aural entertainment, but it was a "continuous performance" and decidedly ennuyant.

As to my hearing otherwise; all genuine sounds were accurately distinguished in spite of the tinkle-tinkle, boom, boom, all the while; always allowing for the deafness.

The first of the illusions of sight, as I recall, was connected with a vase of sweet peas on the mantelpiece. These assumed the appearance of a group of Italian peasants (*contadini*) with a laden donkey, all dressed out in rather fantastic costumes, man and beast all in miniature, much as one would fancy them after reading *Romola* or other books on Italy. They seemed to be slightly in motion and, to me, as if going into the city to keep some popular holiday.

They got to be a little too much in evidence, and I procured the removal of the pretty flowers. I should say that near-to they were only sweet peas,

*These notes were written out for the Amusement of some of my friends, but as they stand may be of sufficient interest to the profession to justify printing them

and that they masqueraded only in half-lights, and, indeed, most of my illusions were strongest in twilight, or in the evening when the main light came from the wood fire on the hearth.

Near these flowers, over the mantel, hung a bundle of "favors" brought home by the dame from various card parties, consisting mostly of cards and ribbons. These assumed very offensive grotesque forms, as seen from my pillow a dozen feet away; ugly old men's faces and the like, and were so annoying that they had to be removed.

Nearer to me was a new bed quilt with a pretty pattern of large yellow buttercups, much used because it was at first very chilly. As I sat up at times and my eyes fell on its bright surface, the interstices of the flowers were filled with wriggling monkeys in cocoanut trees, and here and there were busts of Apollo and other classic notables—a most curious medley, not very offensive and easily shut off by closed eyelids.

These things always bothered me more when I was sitting up in bed—that is, the optical display. The only illusion of that class that came when my eyes were shut was the appearance of an advertising page from the "Dramatic Mirror," a paper I had rarely seen. The page on which foot-loose tragedians offered their services to coy managers, and which is, (or was) oddly set up as compared with such pages in other newspapers. Probably I hadn't seen a copy in five or ten years, or longer.

Color phenomena were not lacking. In brighter lights (day time) great patches of color in stripes would flash out on the wall and linger a few minutes, to fade and reappear a little farther along on the same wall, and generally placed slanting. The stripes were as broad as my hand; red, blue and white; and maybe six feet long, and reminded me of coarsely printed

striped wrapping papers I had occasionally seen, in narrow stripes.

A rather pleasing item was the appearance of scattered spots of blue light, quite vivid and as if caused by a bright light in the next room, coming through many-faced glass "bullseyes," about 1 1-4 inches across, and of a clear ultramarine. These blue spots were rather rare and not over two or three visible at once.

What I have called my thread illusion was present through the whole episode—a tendency to see threads—white, gold, neutral, almost anywhere. I was much surprised when my stalwart female hired nurse helped me into the hot (whew!) bath ordered by my doctor, and I saw the door from the bathroom into the kitchen sealed up with abundant placing of cobwebs from door to jamb. As I knew the door was in constant use my amazement at the prompt activity of the spiders can be imagined. Threads of various sorts emanated from everywhere, but the prettiest were only seen after night when the open firelight shone upon the polished brass gas chandelier above the foot of my bed. From these bright spots radiated numerous bright gold threads, moving to and fro for six or eight inches (their length) and making a pleasing display. Each thread was bent in angles thus



The first time I tottered into the boiling cauldron after the show began I asked why they had put corn

meal in my bath water. It appeared to me exactly as if a handful of golden meal had been thrown in, and I could see the particles floating in the water at all depths, and I tried to capture them in my hand. The nurse and my wife assured me the water was perfectly clear, nothing had been put in it. (In childhood when frost-chapped hands were soiled good mothers would put corn meal in warm water to aid us in cleaning up. The early impression was revived.)

Two animal spooks appeared. One was only a myriad of flies sailing about just below the chandelier. The nurse admitted that there were a few, but denied that many, and by a strain of my mind I could distinguish the real insects from the mockers.

The other visitants were a good deal more important—namely, cats! Ugh, the nasty things! I think it was only one evening, the third maybe, of the whole grotesque farce.

After night, a shaded lamp being in the room besides the hearth logs burning, while I was sitting up in bed, a cat-like animal would come in the door from the hall and go completely around the room, disappearing under a dark-shadowing table. They (in all there were three or four) would creep in stealthily, leap up on top of a tall chiffonier near the door, cross it (in-

stead of going underneath as most cats would), slowly pass along the floor (after leaping down from the chiffonier), under my bed and passing near the bed, would look up straight into my face over their shoulders (each in turn), linger there a perceptible time and vanish under the table-shadow. They paid no attention to anybody until just before their disappearance, when they searched my eyes so intently.

Their bodies were about the size of a three-quarters grown domestic cat and they had large, bushy, fox-like tails. They caused no fear in me, only a feeling of annoyance that I had to put up with so many unbidden visitors; so many eccentric sights and sounds; and on my doctor's coming next morning I announced that I was quite satisfied, that my pains were now gone and we would discontinue the salicylate, and we did.

The illusions at once ceased. I should say that never for a moment was I deceived as a delirium tremens patient would be. My intellect was perfectly clear and I knew that these curious things were only sensory illusions and that they were caused by the excessive use of salicylic acid and would leave when the drug was discontinued.

Two medical friends sat chatting with me during the cat visitation.

PHTHISIOPHOBIA.

BY F. M. POTTINGER, M.D., LOS ANGELES.

I note in your April number of the Practitioner a reproduction of an article from the Riverside Press relative to the action of the Board of Trustees of Redlands in the matter of the establishment of a sanatorium in that city for the treatment of tubercular patients. It seems to me that such a

matter should not go by without comment.

This dread fear of tuberculosis is becoming a mania. It is right that the people should be aroused to the dangers from this disease, but at the same time they should be properly instructed; otherwise, they will be

wrongly led and will do many foolish things and things that will work undue and unnecessary hardships upon those of our brothers who are afflicted with this disease.

While people should be taught the dangers arising from tuberculosis, they should be taught the blessings arising from sanatoria to both the afflicted and the well; to the former, in that these institutions offer them the best chance of cure, and to the latter, in that the afflicted are, in these institutions, segregated from the houses, work shops and offices of the well, and thus diminish the danger of infection. I can understand how a community could be so selfish as to try to bar these unfortunates from their midst, but to try to prevent the erection of a home for them, wherein they will be cared for and wherein all sanitary precautions will be taken to prevent the spread of the disease, I am sure must be actuated only by mistaken notions of the nature of this disease. It is a part of the medical profession to educate the people upon this question and to see that such unwise legislation be prevented. Legislation should be enacted relative to this disease, but it should be wise and efficient, and should cover the following points:

1. The expectoration in public halls and conveyances or upon the sidewalks should be prohibited.

2. Rooms occupied by tubercular patients should be required to be disinfected before they are allowed to be occupied again.

3. The health board should be notified of all cases, and all suspected cases. All such cases should be provided with instructions as to the proper disposal of their sputum as well as to other sanitary measures for the prevention of the spread of the disease.

Aside from legislation, much can be

done in the matter of education of the public through the lay press, through lectures and personal instruction. It should be the pride of the medical profession to see this great scourge successfully coped with.

We must educate the people to the appreciation of sanatoria and we must keep up the agitation until every city in the United States has situated near or in it an institution where its tubercular patients can be treated and trained in the ways of dealing with this disease in a sanitary manner.

The idea that these sanatoria are hotbeds of contagion is erroneous. In them the laws of hygiene and sanitation are followed with religious care. Disinfection is carried to the fullest extent, and, as a result, these institutions are not nearly as dangerous as the average hotel or boarding-house or even private house which has harbored a tubercular patient. During the last twenty years, the Brompton Hospital in London, has given shelter to fifteen thousand tubercular patients, and yet neither a physician nor attendant has become affected. The Adirondack Cottage Sanitarium has been filled with tubercular patients for seventeen years, and not a single attendant has contracted the disease. The Winyah Sanitarium, of Asheville, North Carolina, has run fifteen years and not infected a single attendant. The cities of Germany where the institutions, which treat hundreds of cases a year, are situated, show a diminished death rate from the disease since their establishment, as the following statistics taken from "Prophylaxis and Treatment of Pulmonary Tuberculosis," by S. A. Knopf, will show.

In the village of Goerbersdorf during the past hundred years the number of deaths from tuberculosis, by decades, were as follows:

1790-1799	14	1871-1873	21
1800-1809	5	1874-1876	33.3
1810-1819	9	AFTER THE ERECTION OF SAME:	
1820-1829	9	Per 100.	
1830-1839	8	1877-1879	17
1840-1849	6	1880-1882	14.6
1850-1859	7	1883-1885	6
1860-1869	4	1886-1888	5
1870-1879	5	1889-1891	13.9
1880-1889	5	1892-1894	15.1

These interesting statistics show that the actual death rate from this disease has decreased although the population of the village has doubled in the past twenty-five years. The first sanatorium was established in the year 1869, and since that time several others, one of which consists of villas scattered throughout the town, have been erected. Here are treated annually about one thousand patients.

The statistics from Falkenstein are likewise interesting, showing the number of deaths in the village per hundred of population:

BEFORE THE ERECTION OF THE SANITARIUM:

	Per. 100.
1856-1858	17.2
1859-1861	7.7
1862-1864	22.6
1865-1867	14
1868-1870	16.7

I wish still to add the testimony of Latham, who, after careful study of this subject, concludes that the danger of infection is far less in these sanatoria than in the average English home.

The influence of these institutions can be none other than salutary. In them the patients are taught the importance of scrupulous care not only by precept but by example. A half dozen patients, running loose in a town, without instruction, will scatter more germs and be a greater cause for alarm than a whole sanatorium full of patients, trained as they are to obey the laws of hygiene and sanitation; so we should encourage the erection of these institutions and let no opportunity pass to set the public aright on the salutary effects of their presence.—Bradbury Building.

OVARIAN TRANSPLANTATION.

BY ROBERT T. MORRIS, M.D., NEW YORK CITY.*

Editor of the Southern California Practitioner, Sir: In the April number of the Southern California Practitioner a note on page 137 has the kindly intention of giving me credit for "sharing with Knauer the credit for priority in ovarian transplantation." My first publication on the subject was several months in advance of Knauer's. (See chronological bibliography on the subject. N. Y. Medical Records for Jan. 19th.

1901.) One of my assistants who was traveling in Germany for a year or more before Knauer's first paper appeared wrote me that he had talked about my experiments in ovarian transplantation, and that a great deal of skepticism was manifested. It is a somewhat suggestive fact that a subject that had been dormant for centuries was suddenly discovered by several European observers shortly after one of my assistants had told

about my experiments. I have made no claims for priority in any of my original work, excepting when credit has been specifically given to others. In the case of experiments showing how moist blood clot could be utilized by surgeons I gave public demonstrations in Germany before publishing my paper on the subject, and found upon my return to this country that a German surgeon who had been most skeptical had secured priority of publication, and the method is now known by his name only, but in the case of ovarian transplantation, the credit, what ever it may be, belongs

to this country by priority of publication.

The above note refers to the following, which appeared in the presidential address of Dr. B. F. Church:

"Dr. R. T. Morris of New York, who, by the way, deserves a division of the honor with Knauer for priority of these investigations, has gone still further, having extirpated the diseased ovaries of a patient; took a healthy portion of one of the glands and grafted it in the vicinity of one of the tubes. One month after leaving the hospital the woman became pregnant."

STERILIZED GRAPE JUICE.

BY LOUISE CARY SMITH.

Editor Southern California Practitioner: Dear Sir:

Referring to our conversation last Friday in which you asked me to write you regarding the method of making El Verde Grape Juice I beg to submit a few brief details. In the first place we grow our own grapes, (with the exception of the muscat,) and every day, during the crushing season, freshly washed boxes are sent to the vineyard and only the quantity of grapes are picked that can be handled in a day. These are at once thrown into fresh cold water and thoroughly cleaned and sorted over—all decayed ones being rejected. This process, and indeed, all subsequent ones, I personally supervise and take part in, as the only sure means of knowing that the absolute cleanliness and purity are maintained for which I, alone, am responsible. After crushing the grapes the juice is strained into well paraffined wooden receptacles and allowed to settle in a cool room for a few hours, when it is siphoned off into large glass storage bottles, immersed at once in hot

water the temperature of which is gradually raised to a degree that will sterilize the contents. The necks of the bottles are then stopped with corks which have been well boiled and are then sealed with melted wax. These bottles are stored in a cool dark room till the crushing season is over, by which time the juice has settled and cleared, and is ready for filtering, after which process it is run into pint bottles. These undergo the same careful sterilizing process as the large bottles; the best Spanish hand-cut corks and the corking machine are boiled one-half hour, and when the bottles are corked the necks are dipped in alcohol and then into boiling paraffine, which effectually completes the hermetic sealing which is aimed at, and in which lies my only "preservative," together with attention to the minutest detail of cleanliness throughout every step of its handling.

No sugar or other sweetening is added to this juice; its sweetness is due entirely to the perfectly ripe grapes, which, in their full maturity

contain far more nutritive qualities. I use a sacherometer for testing their sweetness before the season's crushing begins, and pick none before a certain degree of ripeness is reached.

Neither is any water, or other dilution added to this juice, which is absolutely the pure product of the grape only.

It is because of this purity and freedom from antiferments that physicians may prescribe, with impunity wherever indicated, El Verde Grape Juice, and I especially request their thoroughly testing it.

Before uncorking fermentation should be practically impossible, but after opening it we cannot guarantee it to keep longer than three days, though, in a cool place, and under favorable conditions, it may keep a week.

Mould may, in rare instances, develop in the bottles due to spores

often on the grape, or in it, which may not be washed off, and these, chemists know, can not be destroyed by a degree of heat sufficient to sterilize and yet retain, unimpaired, the delicacy and flavor of the grape.

However, the careful filtering has eliminated much of this, though possibly not altogether. I only mention this to provide for such possibilities, and to assure you that all bottles so affected will be replaced at my expense, for I hold myself responsible for anything short of the perfection for which I am striving.

Los Angeles, Cal., May 8, 1901.

To the Members of the Medical Profession.

Gentlemen—This is a line simply to say that I have known Mrs. Louise Cary Smith for seventeen years and can testify that she is thoroughly competent to do the work in which she is engaged, and that she is truthfulness personified. It gives me great pleasure to introduce her to you.

ELIZABETH A. FOLLANSBEE, M.D.

Homer Laughlin Building, Los Angeles, Cal.

THE MEDICAL HISTORY OF DR. SAMUEL JOHNSON.

BY FRANCIS R. PACKARD, M.D., PHILADELPHIA.

No man's life, physical, mental, and moral, has ever been so fully and truthfully revealed to us as the life of Samuel Johnson. We can figure to ourselves his appearance, manner of speech, gestures, and behavior as accurately as if we had seen him with our own eyes; indeed, even more accurately, because more comprehensively. Throughout many years of his life he was attended, at every moment possible, by a man, with ever ready notebook and pencil, who jotted down particulars so minute as to cause even himself to apologize for recording them. This man Boswell would constitute a most interesting psychological study. Probably no man ever swallowed so many insults and continued to worship at the

shrine of the man who insulted him. He tells how it pleased Johnson to humiliate him in company, how the great lexicographer would tell him he was a coward or that he talked foolishly, or cut him off short in conversation with the remark "let us have no more of this." He must have possessed the most truly sycophantic disposition, and though Carlyle dignified it by the term "hero-worship," it is not a pleasing trait. His relations were ashamed of it. The petty measures with which in his book he revenges himself on the other persons whom Johnson numbered as his friends are remarkable. He loses no opportunity to vent his spleen on Sir John Hawkins, Oliver Goldsmith and Mrs. Piozzi. Macaulay says: "To a

man of Johnson's strong understanding and irritable temper, the silly egotism and adulation of Boswell must have been as teasing as the constant buzz of a fly."

My purpose, however, is to study what we may call the pathology of Dr. Johnson. It presents points of interest from the medical and the literary points of view and is of interest also to the student of the history of medicine from the fact that he was attended by some of the best known medical men of his day.

Samuel Johnson was the son of Michael Johnson, a bookseller of Lichfield, and some of his peculiarities are easily traceable to inheritance from his father. Boswell says: "Mr. Michael Johnson was a man of large and robust body, and of a strong, active mind; yet, as in the most solid rocks veins of unsound substance are often discovered, there was in him a mixture of that disease the nature of which eludes the most minute inquiry, though the efforts are well known to be a weariness of life, an unconcern about those things which agitate the greater part of mankind, and a general sensation of gloomy wretchedness. From him; then, his son inherited, with some other qualities, 'a vile melancholy,' which in his too strong expression of any disturbance of the mind 'made him mad all his life, at least not sober.'"

Michael Johnson was a man of considerable learning, but seems to have been a poor business man, as he died in poverty, although he had had a large business and was at one time a magistrate in his native city.

From his earliest infancy Samuel Johnson was burdened with the most disheartening physical infirmities. He is said to have had scrofula, which so disfigured his face as to make what was originally a handsome countenance a very ugly one. To this disease was

also attributed his very defective vision, he being totally blind in one eye and not able to see very well with the other. Ultimately in adult life his eyesight improved very greatly, and among his manuscript prayers there was found one inscribed "When my eye was restored to its use."

Probably the disfigurement of his countenance was the result of suppurating glands, but from what eye trouble he suffered can only be conjectural. He always, while reading, held his book close to his eyes, yet his vision at a distance seems, at any rate in his later years, to have been very acute. Boswell attributes this acuity to the power of his attention and his perceptive quickness. Dr. Swinfen, who attended the child, thought he contracted the disease from a wet-nurse with whom he was left for the first ten weeks of his life. The doctor cut an issue in his left arm in an effort to remedy his eyesight. No medical or surgical measures proving of avail, his mother, acting on the advice of Sir John Floyer, a well-known physician then living in Lichfield, took the child to London, where he was touched by Queen Anne. He ever after retained "a confused, but somehow a sort of solemn recollection of a lady in diamonds, and a long black hood." Unfortunately, as in many other cases, the royal touch was of no medicinal value. His vision remained so bad that he was cut off from the usual plays of childhood. It is said his only amusement was in winter, when he would get some barefoot boy to pull him over the ice "by a garter fixed around him."

Johnson's appearance was never prepossessing. In 1734, when twenty-five years old, he married a widow, Mrs. Porter, who was twice his age. Miss Porter, this lady's daughter, told Boswell, "that when he was first in-

troduced to her mother, his appearance was very forbidding; he was then lean and lank, so that his immense structure of bones was hideously striking to the eye, and the scars of the scrofula were deeply visible. He also wore his hair, which was straight and stiff, separated behind; and he often had seemingly, convulsive starts and odd gesticulations, which tended to excite at once surprise and ridicule."

These convulsive movements were most noticeable and remained with him throughout life. *rope* refers to them in a letter, and Boswell says they were of the same nature as those seen in St. Vitus's dance, and quotes Sydenham's description of that malady in support of his view. He gives, however, a copy of a paper written by Sir Joshua Reynolds, who was of a different opinion. Sir Joshua wrote: "These motions or tricks of Dr. Johnson are improperly called convulsions. He could sit motionless when he was told to do so, as well as any other man. My opinion is, that it proceeded from a habit which he had indulged himself in, of accompanying his thoughts with certain untoward actions, and those actions always appeared to me as if they were meant to reprobate some part of his past conduct. Whenever he was not engaged in conversation, such thoughts were sure to rush into his mind; and, for this reason, any company, any employment whatever, he preferred to being left alone. The great business of his life, he said, was to escape from himself; this disposition he considered as the disease of his mind, which nothing cured but company. One instance of his absence of mind and particularly, as it is characteristic of the man, may be worth relating. When he and I took a journey together into the West, we visited the late Mr. Banks, of Dorsetshire; the conversation turning upon

pictures, which Johnson could not well see he retired to a corner of the room, stretching out his right leg as far as he could reach before him, then bringing up his left leg, and stretching his right still farther on. The old gentleman, observing him, went up to him and in a very courteous manner assured him, though it was not a new house, the flooring was perfectly safe. The doctor started from his reveries, like a person waked out of his sleep, but spoke not a word." Sir Joshua's word is worthy of great respect in this matter, as he painted Johnson's portrait, and, of course, his eyes were well-skilled in the study of features and actions. Johnson himself said of him: "I know no man who has passed through life with more observation than Reynolds." It is probable that these convulsive movements of Johnson's were what we should now call a "habit chorea," and that he really did have more or less control of them. Johnson himself attributes them to habit, for when Miss Hunter, a very young girl, asked why he made such strange gestures, he replied "From bad habit," and added, "Do you, my dear, take care to guard against bad habits."

Boswell tells a good story in this connection of the first encounter between Hogarth and Johnson, which occurred at the home of Richardson. Hogarth was defending the policy of George the Second toward those who had been concerned in the Rebellion of 1745. "While he was talking he perceived a person standing at a window in the room, shaking his head, and rolling himself about in a strange, ridiculous manner. He concluded that he was an idiot, whom his relations had put under the care of Mr. Richardson, as a very good man. To his great surprise, however, this figure stalked forward to where he and Mr. Richardson were sitting, and all

at once took up the argument, and burst out into an invective against George the Second, as one, who, upon all occasions, was unrelenting and barbarous; mentioning many instances," etc.

He seems to have been a precocious infant, for at the age of three he insisted upon being taken to hear the preaching of Dr. Sacheverel, the famous Tory preacher. His mother in after years recalled instances of his wonderful memory when a mere child.

Boswell quotes Johnson's words, from his *Life of Sydenham*, as bearing upon the moralist's own life: "That the strength of his understanding, the accuracy of his discernment, and the ardor of his curiosity, might have been remarked from his infancy, by a diligent observer, there is no reason to doubt; for there is no instance of any man, whose history has been minutely related, that did not in every part of life discover the same proportion of intellectual vigor."

In the year 1729, when Johnson was twenty years old, he first manifested the morbid tendencies which were to prove so great an affliction to him in after years. He had always had a rather melancholy disposition, but at this time he became seriously alarmed at the morbid thoughts which beset him. He tried to escape them by taking long, hard walks, but without avail. He finally was so much distressed about his condition that he wrote a statement of his case in Latin and applied with it to Dr. Swinfen, a well-known physician of Lichfield, and one of his godfathers, for relief. The doctor, unfortunately, was so struck by the acuteness and elegance of this composition that he showed it to several persons and thereby incurred, very justly, the lasting enmity of Johnson.

That Johnson possessed a wonderfully vigorous and acute intellect no

one can deny, but that his views of men and things were terribly warped and prejudiced is equally plain. He himself frequently expressed a fear that his intellect was at times clouded and that his mind was in danger of becoming unhinged. This fear of insanity was almost as great as his dread of death, and that was a constant terror to him.

Boswell says: "To Johnson, whose supreme enjoyment was the exercise of his reason, the disturbance or obscuration of that faculty was the evil most to be dreaded. Insanity, therefore, was the object of his most gloomy apprehension; and he fancied himself seized by it, or approaching to it, at the very time when he was giving proofs of a more than ordinary soundness and vigor of judgment."

Though really a man of great self-control, he frequently behaved in a manner which went far to prove the contrary. Boswell offers the following explanation:

"Everything about his character and manners was forcible and violent; there never was any moderation; many a year did he fast, many a year did he refrain from wine; but when he did eat, it was voraciously; when he did drink wine, it was copiously." He could practice abstinence, but not temperance." We know that for some year he abstained altogether from alcohol in any form.

His peculiarities were sadly patent to all. His trick of touching with his stick every post as he walked along the streets is a familiar tale. He continually talked or ejaculated to himself; thus, at Thrale's he would be overheard mumbling and talking, and that wretched little eavesdropper Boswell would listen and report that sometimes he repeated lines from Horace and at other times fragments of prayer.

Yet no man moved in better society

than Johnson. He had many humble friends, but he likewise was on intimate terms with many noblemen of the highest rank, as well as numbering among his closest companions one of the most brilliant groups of intellects ever gathered together.

Boswell tells us that whenever Johnson had occasion to communicate with the famous Dr. Lawrence, who attended him, he was accustomed to use the Latin language, and he gives use the following sample of one of these letters:

"T. Lawrence, Medico S.

"*Maiis Calendis, 1782.*

"*Novum frigus, nova tussis, nova spirandi difficultas, novam sanguinis missionem suadent, quam tamen te inconsulto nolim fieri. Ad te venire vix possum, nec est cur ad me venias. Licere vel non licere uno verbo dicendum est; caetera mihi et Holdero (the apothecary, Mr. Holder) reliqueris. Si per te licet, imperatur nuncio Holderum ad me deducere. Postquam tu discesseris, quo me vertam?"*

On June 17, 1783, when 74 years old, Johnson suffered an apoplectic stroke, which deprived him temporarily of the power of speech, although he was able to write several letters on the same day, telling his friends of his condition. One of these, to the Reverend Dr. John Taylor, is most pathetic.

"June 17, 1783.

"Dear Sir:

"It has pleased God, by a paralytic stroke in the night, to deprive me of speech. I am very desirous of Dr. Heberden's assistance, as I think my case is not past remedy. Let me see you as soon as it is possible. Bring Dr. Heberden with you, if you can; but come yourself at all events. I am glad you are so well, when I am so dreadfully attacked.

"I think that by a speedy application of stimulants much may be done.

I question if a vomit, vigorous and rough would not rouse the organs of speech to action. As it is too early to send, I will try to recollect what I can, that could be suspected to have brought on this dreadful distress.

"I have been accustomed to bleed frequently for an asthmatic complaint, but have forborne for some time by Dr. Pepy's persuasion, who perceived my legs beginning to swell. I sometimes alleviate a painful, or, more properly, an oppressive, constriction of my chest, by opiates; and have lately taken opium frequently, but the last, or two last times, in smaller quantities. My largest dose is three grains, and last night I took but two. You will suggest these things (and they are all that I can call to mind) to Dr. Heberden.

"I am, etc.,

"SAM JOHNSON."

Two days later he wrote the following account of his seizure to Mrs. Thrale: "On Monday, the 16th, I sat for my picture (to Miss Reynolds), and walked a considerable way with little inconvenience. In the afternoon and evening I felt myself light and easy and began to plan schemes of life. Thus I went to bed, and in a short time waked and sat up, as has been long my custom, when I felt a confusion and indistinctness in my head, which lasted, I suppose, about half a minute. I was alarmed, and prayed God that, however he might afflict my body, he would spare my understanding. This prayer, that I might try the integrity of my faculties, I made in Latin verse. The lines were not very good, but I knew them not to be very good; I made them easily, and concluded myself to be unimpaired in my faculties..

"Soon after I perceived that I had suffered a paralytic stroke, and that my speech was taken from me. I had no pain, and so little dejection in this

dreadful state, that I wondered at my own apathy, and considered that perhaps death itself, when it should come, would excite less horror than seems now to attend it.

"In order to rouse the vocal organs, I took two drams. Wine has been celebrated for the production of eloquence. I put myself into violent motion, and I think repeated it, but all was vain. I then went to bed, and, strange as it may seem, I think slept. When I saw light, it was time to contrive what I should do. Though God stopped my speech he left me my hand; I enjoyed a mercy which was not granted to my dear friend Lawrence, who now perhaps overlooks me as I am writing, and rejoices that I have what he wanted. My first note was necessarily to my servant, who came in talking, and could not immediately comprehend why he should read what I put into his hands.

"I then wrote a card to Mr. Allen, that I might have a discreet friend at hand, to act as occasion should require. In penning this note, I had some difficulty; my hand, I knew not how nor why, made wrong letters. I then wrote to Dr. Taylor to come to me, and bring Dr. Heberden, and I sent to Dr. Brocklesby, who is my neighbor. My physicians are very friendly, and give me great hopes; but you may imagine my situation. I have so far recovered my vocal powers as to repeat the Lord's Prayer with no very imperfect articulation. My memory, I hope yet remains as it was, but such an attack produces solicitude for the safety of every faculty."

I think this letter of Dr. Johnson's fully justifies its quotation. It is probably one of the few cases in which a patient has been able to accurately record the personal experiences undergone during an apoplectic attack, and it displays his wonderful powers

of mind and beautiful Christian fortitude to a high degree. It may be pronounced unique in the annals of epistolary correspondence.

From this attack he seems to have completely recovered within three or four weeks. His speech returned, and he was able to articulate as distinctly as ever before.

During this same year, 1783, he was much annoyed with gout, and suffered from a sarcocele. For the latter complaint he was attended by Mr. Pott and Mr. Cruikshank. For some time it was supposed it would be necessary to excise the growth, but it gradually disappeared without recourse to the knife. His asthma increased greatly and he became very dropsical.

In 1784 Johnson's illness gained on him and he began to gradually sink. Dr. Heberden and Dr. Brocklesby were in continuous attendance upon him, but he seems to have grasped at the least hope that something might be done to restore his health, and so we find him writing to Boswell to obtain for him the opinion of some of the Scotch physicians upon his case. The Edinburgh school was at the zenith of its glory, containing a famous group of names in its faculty. Boswell got Sir Alexander Dick, the president of the College of Physicians of Edinburgh, to write out his opinion, and he forwarded it to Johnson. He then wrote to Dr. Munro, Dr. Cullen, and Dr. Hope, of the Edinburgh faculty, the following letter:

"Dear sir: Dr. Johnson has been very ill for some time; and in a letter of anxious apprehension he writes to me: 'Ask your physicians about my case.' This, you see, is not authority for a regular consultation; but I have no doubt of your readiness to give your advice to a man so eminent, and who, in his 'Life of Garth,' has paid your profession a just and elegant compliment: 'I believe every man has

found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre.'

"Dr. Johnson is aged seventy-four. Last summer he had a stroke of the palsy, from which he recovered almost entirely. He had, before that, been troubled with a catarrhus cough. This winter he was seized with a spasmodic asthma, by which he has been confined to his house for about three months. Dr. Brocklesby writes to me that upon the least admission of cold, there is such a consternation upon his breast that he cannot lie down in his bed, but is obliged to sit up all night, and gets rest and sometimes sleep only by means of laudanum and syrup of poppies; and that there are oedematous tumors in his legs and thighs. Dr. Brocklesby trusts a good deal to the return of mild weather. Dr. Johnson says that a dropsy gains ground upon him; and he seems to think that a warmer climate would do him good. I understand he is now rather better, and is using vinegar of squills.. I am, with great esteem, dear sir,

"Your most obedient humble servant,
"JAMES BOSWELL."

All three physicians responded most cordially. Dr. Hope sent his opinion to Dr. Brocklesby, but Dr. Cullen and Dr. Munro sent theirs to Boswell.

As Johnson's death drew near, he was attended by Dr. Heberden, Dr. Brocklesby, Dr. Warren, and Dr. Butler, and by Mr. Cruikshank, none of whom would accept any fee for their professional services. It is recorded that he bore his sufferings toward the last with the utmost bravery. When incisions were made in order to evacuate the dropsical effusion, he thought the surgeon did not make them deep enough from fear of giving him pain, and taking the knife he himself made

them deeper. He asked Dr. Brocklesby whether, in his opinion, there was any possibility of his recovery. The doctor replied that he could not, without a miracle. Johnson upon this said: "I will take no more physic, not even my opiates; for I have prayed that I may render up my soul to God unclouded." To this resolve he rigidly adhered. His last words were spoken to a young woman who, on the day of his death, insisted upon being admitted to his room, that she might receive his blessing. The doctor turned in his bed and said: "God bless you, my dear." During the day previous to this he had been frequently propped up in bed that he might pray with those who surrounded him. Few death beds have been attended by a group of mourners so famous, and such sincere friends. Burke, Windham, Reynolds, and Langton were among those who soothed his last hours. It is curious that Boswell was absent in Scotland, and yet more strange that, though Johnson directed various tokens of remembrance to be given to his friends in his will, he made no mention of Boswell. The latter tries to explain this omission by the rather lame excuse that several others were omitted also, and that the will was made at a period so near Dr. Johnson's death that he could only include the few whose names might occur to him. The will was written four days before his death.—*New York Medical Journal*, March 15, 1902.

We have received a pamphlet which is a reprint from the *Medical News* of an address on the Therapeutics of Cutaneous Diseases by Albert E. Carrier, M.D., professor of dermatology and clinical medicine in the Detroit College of Medicine. The author begins by saying: "I believe that affections of the skin are much overtreated, and that many of them would recover more quickly if a close attention were paid to hygiene, diet, and a patient's habits."

A SONG OF ASEPSIS.

BY J. LEE HAGADORN, M. D., LOS ANGELES.

Oh, I love full well the green soap's
 smell,
 And the steaming tray's hot breath—
 As the wild turmoil
 Of the bubbling boil
 Sings the song of the microbe's death!

Oh, I love the rush of the scrubbing
 brush
 Upon the reddened skin,
 As the ether's fume
 Fills all the room,
 And the word is passed, "Begin!"

Oh, I love the feel of the glist'ning
 steel
 Still hot from the cleansing fire,
 And the blade's as bright
 As the rays of light
 From the incandescent wire.

Oh, I love full well the green soap's
 smell,
 And the steaming tray's hot breath—
 As the wild turmoil
 Of the bubbling boil
 Sings the song of the microbe's death!

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

SANATORIUMS FOR THE TUBERCULOUS.—Leriche (*Journal des Praticiens*, March 16, 1901), after studying the advantages of the sanatorium treatment of tuberculosis, summarizes as follows: (1) In a sanatorium, patients find comfort, hygiene, medical attention and the surroundings most favorable for treatment; (2) they get better care and cause their families less discomfort than anywhere else; (3) they are always admitted if their case is not hopeless and if there are any chances of amelioration or cure; (4) if rich, they obtain absolute rest and there is no temptation to deviate from the prescribed mode of life; (5) the discipline, based exclusively on the methodic application of hygienic measures is neither vexatious nor humiliating; (6) patients learn to nurse themselves, and to take all necessary precautions to avoid becoming a source of danger to others.—L. F. A.

GOAT'S MILK.—It would seem (*Therap. Gaz.*) that goat's milk, which has for so long a time been rejected on account of its odor and its composition, is about to be used much more extensively. Dr. Marfan has shown that in fresh milk there are certain zymoses which are destroyed by heat. The goat's milk does not contain any more casein than woman's milk and, according to Crepin's analysis the amount of casein and butter is about the same as in human milk. Dr. Boissard, obstetrician of the Paris hospitals, published last year a report on the results given by the use of goat's milk, and the latter were favorable. There is a special establishment in Paris where goats from the French and the Swiss Alps are kept. The greatest cleanliness is observed, the dugs being washed at milking time with boiled water; the milkmen are obliged to wash their hands with soap; the bottles and

milk cans are sterilized by being boiled in a solution of carbonate of sodium. It is a well-known fact that the goat does not readily contract tuberculosis, and this of course is a guarantee of some importance.

ALTITUDE IN HEART AND LUNG DISEASES.—A case of poorly developed lungs, or what is called "weak lungs," complicated with marked functional disturbance of the heart, would be a typical one to recommend to a moderately high altitude. Such a case would improve in every symptom. A person suffering with weak lungs complicated with a heart in which there is slight mitral regurgitation* and compensating hypertrophy, should approach the higher elevations by degrees, beginning, perhaps, with a location of two thousand feet elevation, remaining there for two or three months. He should then move on to a place about four thousand feet above sea level, and then cautiously approach a level of from five thousand to six thousand feet, where probably he would derive as much benefit from altitude as he would if he attempted a still higher one.

Patients suffering from pulmonary consumption complicated with functional heart disease, should not be deterred from seeking the curative power of a moderate altitude, provided the condition of the lungs is not such as to contraindicate it. The improvement of the diseased lungs, together with a general systemic improvement, better digestion, better waste and better assimilation, would probably soon overcome the functional heart trouble altogether.

THE OPEN AIR TREATMENT OF TUBERCULOSIS IN GERMANY.—The Imperial Health Office at Berlin has just published a statement showing remarkable success in Germany

with the open air treatment. In the spring of 1901 there were sixty institutions in the empire with a capacity for 5000 patients devoted to this class of cases. Of the number admitted from the beginning of 1899 to the middle of 1900, there were 5059 male and 1214 female patients. Nearly half were between the ages of 20 and 30 years. The report takes up the social condition of the patients, the influence of occupation, heredity, duration of the disease before admission to an institution, the duration of treatment and the success of the treatment in general. In 56 per cent. the social conditions were favorable, in 31 per cent. they were moderately good, and in 12 per cent. they were bad, owing to poor housing and insufficient food. In half the patients the origin of the disease was alleged to be due to the continuous inhalation of dust involved in their employment; there were 182 cases due to metal dust; 129 from stone, coal or glass dust; 116 cases from wood dust; 111 cases from wool dust and 126 cases from the effects of various kinds of dust. Smoky workshops and rooms filled with chemical gases had an injurious effect on 81 persons. In 253 cases the disease was ascribed to a sedentary occupation connected with the keeping of the body in a bent position and living in damp rooms; 313 cases were the alleged results of weakening incidents, such as heavy night work with insufficient nourishment, irregular manner of living, excesses, accidents, etc. It is interesting to note that in twelve cases the disease is said to have originated from infection in institutions and hospitals for consumptives or through other professional intercourse with tuberculosis patients. It is probable that 2177 or 34.7 per cent. were directly infected, or had become tuberculous by infection in the family. In

just on-half the cases the disease had existed for less than one year before admission to an institution.

The average duration of treatment in an institution was 92 days. At Dannenfels, St. Blasien, Grabowsee, Reiboldsgrun, Harlaching and Albertsberg the treatment extended from 100 to 202 days.

The results reported are remarkable. Out of 6108 cases 67.3 per cent. were perfectly fitted to pursue their former occupation; 7.1 per cent. were quite able to earn a living in a different vocation; 14.6 per cent. were partly able to earn a living and 11 per cent. were unfitted for work. It is stated by Frank H. Mason, U. S. Consul-General at Berlin (report to the Surgeon-General of the U. S. Marine Hospital Service) that 87.7 per cent. were discharged as cured or improved and this remarkably good result is attributed to the careful selection of cases suitable for treatment in the institutions.—The Philadelphia Medical Journal.

IZAL IN THE TREATMENT OF CONSUMPTION.—Tunncliffe, F. W. *Lancet*, vol. clxii, No. 3, of vol. i, Jan. 18, 1902, p. 146. The writer says that fresh air and proper feeding have practically superseded drugs in the treatment of pulmonary tuberculosis, yet the latter may have a place in conjunction with the former. Professor Kobert is quoted approvingly when he says: "The fact that we possess no specific remedy in phthisis is far from the same thing as not possessing any useful drug. We possess no specific climate in phthisis, but many useful ones." Experiments upon the tubercle bacillus with izal show that in appropriate quantities it prevents their development. The toxicity of izal is relatively low. When introduced into the alimentary canal, it can be recovered from the discharges of the bow-

els, and one of its paths of excretion is the pulmonary mucous membrane. It comes in the form of an oil, the dose of which is ten minims. A common form of administration is to give two to ten minims combined with five minims of cod-liver oil in capsule. The dose should never exceed fifteen minims during the day. One day in four the treatment is omitted. An ordinary lamp equipped with means for vaporizing can be employed in impregnating the air of the sleeping-room with izal vapor. The patients who received this treatment belonged to the better class of out-patients of a London chest hospital. The observations have extended over nearly two years. The patients having evening temperatures of 100.5 degrees were kept in bed or at rest in the open air. In no case was any form of morphine or expectorant given, or any of the so-called gastric tonics. The patients were instructed to take as much milk and easily digested food as they could.

The writer divides the cases treated into four classes: Those with no tendency to hemorrhage, slight fever, scanty, blood-stained sputum, and slight invasion of the lungs; a second more severe type; a third chronic group; and those in the terminal stage, in whom there was extensive excavation of the lung and a tendency to pneumonia. Summarizing his results in these different cases, he comes to the conclusion that there are certain individual cases of phthisis that render any addition to our therapeutic resources of distinct advantage. Carbonated guaiacol in certain cases is useful, but it is expensive. In izal we have a cheap and efficacious drug, the best results from which are obtained in active pulmonary tuberculosis with abundant fetid expectoration and cavities. It is beneficial in cases in which diarrhoea is

present, whether this be due to decomposition of intestinal contents or to a tubercular lesion of the intestines. In cases with a marked tendency toward bronchitis little or no benefit is obtained from the drug.—Medicine.

ALCOHOLISM AND TUBERCULOSIS.—"Unhealthy dwellings cause other disasters. Dark and crowded as they are, cleanliness is difficult, if not impossible, to preserve. They are not pleasant to pass the time in, and the workman stays in his home as little as possible; he eats there and sleeps there, but the rest of his time is spent in the public house. Sir John Simon was right in saying: 'The wretched lodging is the purveyor to the public house,' and we can add to it that the public house is the purveyor of tuberculosis. In fact, alcoholism is the most potent factor in propagating tuberculosis. The strongest man who has once taken to drink is powerless against it. Time is too short for me now to draw comparisons between the laws in force in different countries, those which are proposed, private efforts, associated efforts, and temperance societies. But I can say that a universal cry of despair rises from the whole universe at the sight of the disasters caused by alcoholism. I will quote but two sets of statistics, but they speak for themselves. Tatham's show that, the mean mortality being represented by $\sim\sim\sim$, that caused by tuberculosis is in

Barmen	257
Peddlers ..	239
Dock laborers	176
Strolling musicians	174
Hairdressers	149
Brewers	146
Sweeps	141
Publicans	140
Coachmen	124
Coalmen	116
Butchers	105

"Baudran of Beauvais has shown that mortality from tuberculosis and from alcoholism are nearly identical. In this connection he obtained the following results:

Deaths from Tuberculosis in 10,000 inhabitants.	Annual Consumption of Litres of Alcohol per Head.
30 to 40	12.47
40 to 50	15.21
50 to 60	14.72
70 to 80	16.36
80 to 90	17.16
More than 90	50.70

"Any measures, state or individual, tending to limit the ravages of alcoholism will be our most precious auxiliaries in the crusade against tuberculosis, but the question is too large a one to deal with here. Still, I should like to draw attention to a mistake made too easily in the different countries by ministers who have the charge of the financial department of the state. They like to calculate the sum the state gets from the duty on alcohol, but they should deduct from it the cost to the community of the family of the ruined drunkard, his degenerate, infirm, scrofulous, and epileptic children, who must have shelter. This invasion of alcoholism ought to be regarded by every one as a public danger, and this principle, the truth of which is incontestable, should be inculcated into the masses, that the future of the world will be in the hands of the temperate."—From Prof. P. Brouardel's address on the Measures Adopted by Different Nations for the Prevention of Consumption.

Culture Products in the Treatment of Tuberculosis by F. M. Pottinger, M.D., Los Angeles, reprinted from the Therapeutic Gazette, January, 1902. It is a very complete and instructive paper that can be secured by writing to Dr. Pottinger, Bradbury Bldg., Los Angeles.

MISCELLANEOUS DEPARTMENT.

ETHNOLOGY IN THE SOUTH.—The following article was recently read before the Mason County Medical Society by E. G. Ferguson, M.D., Macon, Ga. It may not be scientific but it is at least frank:

"Since President Roosevelt has entertained Booker Washington, the Alabama negro school teacher, at the White House, the negro or race question has been revived throughout the country, and in this connection the characteristics of the negro may prove of much interest to many people who have never made a study of them. The black skin, as a matter of course, marks them from all other nationalities. There is the receding forehead and chin, with black kinky hair, thick lips, flat nose, large open nostrils, so much so that you can look into them as you can a cow or horse, large eyes; in the male, beardless face; a straight edge placed upon the face will not reach either the chin or nose at the same time before touching the lips. The arms are longer than in the Caucasian, and bear a close resemblance to the order of ape, chimpanzee or gorilla. The foot has no arch, but where it ought to be arched is lower than the heel and toes, so as to resemble a rocker, and in walking this imparts a motion peculiar to the race. While living in a city they will invariably seek earth to walk on in preference to pavements. The negro has protruding umbilicus, closely resembling the cow, more so than any other animal, while in the Caucasian it is retracted and drawn within itself so as not to be manifest except as an indentation on the abdomen. When a gang are at work there will always be one or more looking around as if in fear of approaching danger. If you are having your shoes shined the nig-

ger will rub a little and look off from his work as though something might escape his observation or take him unawares. Like a flock of geese feeding in a pond, there is always one on the watch to warn the others of danger. Like the horse, cow or dog, there is no cerumen or wax in his ear. He has small calves to his legs, the gastrocnemii muscles are without development. In a race with the Caucasian he is invariably overtaken, as the power of these muscles assert themselves in the Caucasian and are deficient in the Ethiopian. Who has ever heard or known of a negro man or woman fainting at any horrible sight as white men often and women invariably do? He has no sympathy for his fellowmen or for the beast he uses. To him it has no feeling or requires no care. So long as a horse answers his purpose he employs the brute, and when it is of no longer a service from neglect, misuse and starvation he turns it out to seek its living as best it can. He is monkey-like, and imitates all he sees. He rarely misses anything exposed to his view without repeating it as perfectly as his powers of imitation will permit. These are of a limited character, and often he makes the most laughable and egregious mistakes. Without the least compunction of conscience, he betrays the most sacred trust reposed in him. He has no regard for the truth, and when the truth would answer his purpose best he will lie. Is without gratitude or appreciation of anything done for him. Like the pet crow, he is a natural born thief. If chance offers he will steal anything, no matter how worthless it may be to him. Virtue is unknown to him. He has no morals. Turpitude is his ideal of all that pertains to life. He can be educated to a certain de-

gree, but not beyond. You cannot make a cocoanut hold any more-milk than is in it; then why expect to elevate him to the standard of the Caucasian when there is no brain to cultivate. He is careless and negligent of his person and all his surroundings, quite willing to live in squalidness and want all of his life. His progeny are illy provided for at home, and are allowed to roam at large, without restraint, and seek subsistence as best they can, growing up like any animal, as is well known to all familiar with this portion of the brute creation. Knocks and kicks are his persuasive eloquence in giving guidance to the offspring of his household. As yet no case of genuine sunstroke has ever been recorded against him. Heat seems to have little effect on his physical structure. His favorite place to sleep is in full exposure to the sun's rays. Is fond of alcoholic stimulants, but, as a general thing, rarely goes to excess. The teeth are even, white and of a pearly lustre, which may be owing to the contrast the black background affords. They rarely decay before advanced years. The quantity of food consumed is small in comparison to the white race, and he is fonder of the coarser articles than any of the more civilized dishes. If left to himself will roam about all night and sleep all day. The exhalation from the skin is as characteristic as the kinky hair and black skin, even although frequent baths are indulged in, which is the exception in place of the rule, without in any manner reducing the effluvium. So great is this that after leaving a room where he has been for a few minutes the odor will remain for hours.—Atlanta Journal-Record of Medicine.

Syllabus of Bacteriology. The Palisade Man'g Co., Yonkers, N. Y., makers of Borolyptol.

The above work is issued by the

Palisade Manufacturing Co., Yonkers, N. Y., and they will gladly send a copy to any physician who will send them his address with a request for the same. The dissemination of such valuable information as is contained in this volume is very commendable whether it is due to business enterprise or philanthropy. We trust every reader of the Southern California Practitioner will secure so valuable a gift.

"The Therapeutics of Sub-acute and Chronic Heart Diseases," by Thos. E. Satterthwaite, M.D., of New York City, is the title of a reprint just received.

The author says: "Notwithstanding all of the recent advances in cardiac therapeutics, we are less and less disposed to advocate special remedies for special affections. Complete rest has been supplanted by rest alternating with bodily activity; venesection by determination of the blood to the surface through resistant exercises and carbonated baths; hydrogogue cathartics have been replaced by **stomachics** and mild laxatives and diuretics; heart stimulants by general nerve stimulants or sedatives, and nutrients; while drugs of the digitalis group are utilized chiefly in renal complications."

We recently had a delightful call from Dr. Enno Sander, the proprietor and originator of the celebrated "Garro Spa." Dr. Sander, although he has recently celebrated his eighty-first birthday, is actively managing a very extensive business, and was recently the honored recipient of a testimonial from the College of Pharmacy, of St. Louis, where he is emeritus professor of materia medica.

The Uses of Tuberculin, by Chas. Denison, A.M., M.D., Denver, Colo., is a very important contribution to this subject.

ATTRACTIVE CLUBBING OFFER

Everybody's Magazine...

is published by John Wanamaker. It is a clean, bright, wholesome, entertaining family magazine. In quality and quantity of reading matter, illustrations, printing and paper it is one of the best magazines published. The aim of Everybody's Magazine is to give its readers each month interesting, vital and well-written stories and articles, with the finest illustrations that can be procured from artists using the brush and the camera. It is just as good as money and the best editors can make it, and it is worthy a place in every American home.

RULES FOR ORDERING

All Club Subscriptions must be new except to our publication. Not more than five periodicals can be formed into one combination, two of which must be our publication and Everybody's Magazine. The offers are restricted to the periodicals named in these clubs. Our club price pays for a full yearly subscription to each periodical in the club. Each yearly subscription will be sent to one or different addresses, as may be desired.

All Club Subscriptions must be New Except to Southern California Practitioner

Regular Price
By
Subscription

Club Price

Everybody's Magazine (1 year; 12 numbers) \$1 00

John Wanamaker, Publisher. See description.

Harper's Weekly (One year; 52 numbers) 4 00

The Outlook or Scientific American may be substituted for Harper's Weekly

World's Work (One year; 12 numbers)..... 3 00

Literary Digest may be substituted for World's Work

Harper's Bazar (One year; 12 numbers)..... 1 00

Sunday School Times or Little Folks or American Boy may be substituted for Harper's Bazar

Southern California Practitioner 1 00

\$5²⁵

**For All
One Year**

THE PERIODICALS WILL BE SENT TO ONE ADDRESS OR TO DIFFERENT ADDRESSES, AS MAY BE DESIRED

	Regular Price	Club Price
Everybody's Magazine, Harper's Bazar and Sou. Cal. Practitioner	\$ 3 00.....	\$ 1 75
Harper's Bazar, American Boy, Everybody's and Sou. Cal. Practitioner	4 00.....	1 25
American Boy, S. S. Times, Everybody's, Harper's Bazar and Southern California Practitioner.....	5 00.....	2 75
World's Work, Harper's Bazar, Everybody's and Sou. Cal. Practitioner.....	6 00.....	3 25
Literary Digest, American Boy, Everybody's and Sou. Cal. Practitioner.....	6 00.....	3 25
Public Opinion, Everybody's, American Boy, S. S. Times and Southern California Practitioner	6 00.....	3 25
Country Life, Public Opinion, Everybody's and Sou. Cal. Practitioner.....	8 00.....	3 75
Everybody's, World's Work, Country Life and Sou. Cal. Practitioner	8 00.....	3 75
Harper's Bazar, Public Opinion, Country Life, Everybody's and Southern California Practitioner	9 00.....	3 75
Little Folks, American Boy, Literary Digest, Everybody's and Southern California Practitioner	7 00.....	3 75
Harper's Weekly, Everybody's, Harper's Bazar, American Boy and Southern California Practitioner	8 00.....	4 25
Scientific American, American Boy, Little Folks, Everybody's and Southern California Practitioner	7 00.....	4 25
Public Opinion, Harper's Weekly, Everybody's and Sou. Cal. Practitioner	9 00.....	4 25
Harper's Bazar, Country Life, Everybody's, Harper's Weekly and Southern California Practitioner	10 00.....	4 75
The Outlook, Everybody's, Little Folks, Public Opinion and Southern California Practitioner	9 00.....	4 75
World's Work, The Outlook, Everybody's and Sou. Cal. Practitioner.....	8 00.....	4 75
Harper's Weekly, Everybody's, Public Opinion, Country Life and Southern California Practitioner	12 25.....	5 25
Everybody's, Scientific American, The Outlook and Sou. Cal. Practitioner....	8 00.....	5 25
Literary Digest, Harper's Bazar, Harper's Weekly, Everybody's and Southern California Practitioner	10 00.....	5 25

ALL CLUB SUBSCRIPTIONS MUST BE NEW

Except to our publication.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY—TWENTY-NINTH SEMI-ANNUAL SESSION.

LOS ANGELES, Cal., May 2, 1902.

Dear Doctor:

Members of the medical profession of the State of California are cordially invited to attend the twenty-ninth semi-annual meeting of the Southern California Medical Society to be held at Idyllwild, Strawberry Valley, Riverside County, California, Thursday and Friday, May 22 and 23. The session will be devoted to the Bacteriology, Pathology, Clinical History, Therapeutics, Climatology and Surgery of Tuberculosis.

The Santa Fe Company will make a one and one-third rate to Hemet, the stage company will make a round-trip between Hemet and Idyllwild of \$2

instead of \$3, the regular rate, while the Health Resort Company will make a flat rate of \$2 per day at the sanatorium and tavern. A special car will leave Los Angeles via Pasadena at 8:30 a.m., Wednesday, the 21st, and will return Saturday.

The manager at Idyllwild informs us that 150 people can be readily accommodated, and that he will assign rooms in the order in which they are applied for, hence it would be well in order to secure rooms to address at once, Mr. R. A. Lowe, manager, Idyllwild, Riverside Co., Cal.

As the program demonstrates, the session will be of great value through the papers and discussions, and every progressive practitioner who may be present will also have an opportunity to enjoy and study the forests and mountains of California.

Hoping that you, your wife and family may attend, we remain,

Yours fraternally,

W. W. BECKETT, President.

F. D. BULLARD, Secretary.

Following is a list of the officers and program as adopted for the two days' session:

Officers—Dr. W. W. Beckett, Los Angeles, president; Dr. F. C. E. Mattison, Pasadena, first vice-president; Dr. Charlotte Baker, San Diego, second vice-president; Dr. F. D. Bullard, Los Angeles, secretary and treasurer.

Committee of Arrangements—Dr. Walter Lindley, chairman; Dr. John C. King, Dr. O. J. Kendall.

THURSDAY, MAY 22, 11 A.M.

Call to order.

Address of welcome, Dr. Ray G. Taylor, San Jacinto.

Reading of minutes.

Report of officers.

Applications for membership.

Appointment of committees.

Announcement by Committee of Arrangements, Dr. Walter Lindley.

Symposium on Tuberculosis:—

Dr. W. W. Beckett, president, Los Angeles, annual address; "The History of Tuberculosis."

Dr. Stanley P. Black, Los Angeles, "The Pathology of Tuberculosis."

1:30 p.m.: Dr. Henry B. Stehman, Pasadena, "Tuberculosis of the Lungs."

Dr. L. S. Thorpe, Los Angeles, "Tubercular Diseases of the Upper Respiratory Passages."

Dr. B. F. Church, Los Angeles, "Tubercular Affections of the Middle Ear and Antrum."

Dr. Fred Baker, San Diego, "Ocular Tuberculosis."

Election of officers.

7:30 p.m.: Dr. Joseph Kurtz, Los Angeles, "Tuberculosis of the Bones."

Dr. John R. Haynes, Los Angeles, "Tuberculosis of the Ovaries."

Dr. Elizabeth F. Kearney, Los Angeles, "Is Abortion Justifiable in Tuberculous Patients?"

Dr. E. R. Smith, Los Angeles, "Tuberculosis Peritonitis."

Dr. H. G. McNeil, Los Angeles, "Sanitarium Treatment of Tuberculosis."

FRIDAY, MAY 23, 1:30 P.M.

Dr. James H. McBride, Pasadena, "Tuberculosis of the Nervous System."

Dr. A. S. Parker, Riverside, "Tubercular Adenitis of Childhood."

Dr. P. Newmark, Los Angeles, "Tuberculosis of the Urinary Tract."

Dr. Albert Soiland, Los Angeles, "Electricity in the Treatment of Tubercular Disease."

Dr. Ralph Williams, Los Angeles, "Tuberculosis of the Skin."

Volunteer Papers:—

Dr. F. W. Thomas, Claremont, "A Case of Croupous Pneumonia Terminating in Gangrene of the Lung."

Dr. George E. Abbott, Pasadena, "The Surgery of the Finger Tips."

Report of Executive Committee.

8 p.m.: Banquet.

STATE MEDICAL SOCIETY.

The thirty-second annual meeting of the Medical Society of the State of California is now a matter of history. Dr. Wm. J. G. Dawson, of St. Helena,

is an admirable presiding officer, and he conducted the sessions of the society with great skill and tact. The meetings were well attended, the only thing to complain of being the terrible acoustics of the hall in which the meetings were held.

The report of the committee on the reorganization of the society created a great deal of interest and was finally adopted. Dr. C. G. Kenyon, the chairman, deserves especial credit for the time he has devoted to this work, and he was ably seconded by all the committee. This places the society on a new basis entirely, and we believe will lead to great things.

On Thursday, April 17th, the San Francisco County Medical Society gave a banquet to the State Society in the Maple Room of the Palace. Dr. Spencer was toastmaster. There were many delightful responses, but that of Dr. Geo. L. Cole, of Los Angeles, was the gem of the evening.

The following officers were elected:

President, Frank B. Carpenter, San Francisco; vice-president, Dr. C. O. Wadsworth; second vice-president, Dr. D. A. Hodgehead, San Francisco; secretary, Dr. George H. Evans, San Francisco; assistant secretaries, Drs. Z. T. Malaby and E. M. Bixby; treasurer, Dr. E. E. Kelly, San Francisco; board of trustees, Drs. O. W. Nutting, Etna Mills; Thomas Ross, Sacramento; F. L. Adams, Oakland; W. H. Jones, St. Helena; A. W. Morton, San Francisco; George A. Hare, Fresno; George L. Cole, Los Angeles; W. S. Fowler, Bakersfield; C. G. Kenyon, San Francisco; J. Rosenstern, San Francisco;

W. Lemoyne Wills, Los Angeles; board of medical examiners, Drs. Dudley and W. S. Thorne, San Francisco; David Powell, Marysville; D. E. Osborne, St. Helena; Dr. Wilbur, Palo Alto; alternates, Drs. J. M. Kirk and Clark Burnham, San Francisco, and S. H. Buteau, Oakland; delegate to American Medical Society, Dr. H. Bert Ellis, Los Angeles; alternate, Dr. H. M. Sherman, San Francisco.

The next meeting will be held in Santa Barbara when Southern California must be a unit in extending the glad hand.

DEATH OF DR. BARD

In the February number of the Southern California Practitioner appeared the statement that Dr. Cephas L. Bard of Ventura, late president of the State Medical Society of California, and one of the best known and most beloved physicians of the Pacific Coast, was at death's door. That article gave an interesting sketch of our friend's life. The doctor, for some weeks after that publication, seemed to improve, but for the last few weeks his strength gradually failed and the end finally came at 2:20 a.m. Sunday, April 20th. His death was a source of grief throughout Southern California, but especially in Ventura, which had for so many years been his home.

Senator Thomas R. Bard, his brother, arrived from Washington Wednesday night, and, with the immediate family of the doctor, was present at the funeral services, which occurred at 2 o'clock Thursday afternoon from the family residence in Ventura. There was a great outpour-

ing of the people of that county, and thousands took advantage of the opportunity of seeing their dear friend's features for the last time. On the march from the residence to the railroad station there was led behind the hearse the gray horse of the doctor, a noble animal that had shared many of his kind master's hardships, and almost as well known as he. There was no driver in the seat, and as men saw the significance of this fact they broke down and wept. Over five thousand people gathered at the station and waited until the last sign of the train disappeared in the distance, bearing the body away towards Los Angeles, where it was finally cremated.

Besides being a great physician and an able surgeon, Dr. Bard was a most delightful writer, and his articles, which have appeared from time to time in the Southern California Practitioner, have all been eagerly read by the medical profession.

IN MEMORIAM CEPHAS L. BARD, M. D.

WHEREAS, The members of the medical fraternity of Ventura County deeply deplore the death of their colleague, Dr. C. L. Bard, when at the height of his activities for the profession and community;

BE IT RESOLVED, That we publicly express our sympathy for the bereaved relatives, and our respect for the man who was known by us for so long.

Dr. Bard was the first American physician to locate in Ventura County, and during his many years

of hard labor, was ever ready to bring to the service of the sick, and the profession, a personality rich in qualities acquired through long years by an honest, fearless and pure soul.

His friends were very numerous, and he was ever prompted by a kind heart and generous thought to aid or counsel whenever there was need. His professional ambitions he never allowed to be dimmed by weariness or age, and he was a student to the very last days of his useful life.

This pioneer doctor, this rugged, brainy, gentlemanly man has gone from among us, but his personality is a part of each one of us.

Of him it cannot be said that he was not without honor save in his own country.

A. L. KELSEY, M. D.,

W. D. DILLWORTH, M. D.,

T. E. CUNANE, M. D.,

Committee.

We have just received a copy of the International Prize Essay on Tuberculosis by Dr. S. A. Knopf, of New York City. This edition which we have is in German and is published by the German government, making the third 100,000 edition that that government has distributed. This pamphlet of Dr. Knopf's has been published in several editions in America, and has been published in Italy, Bulgaria, Great Britain, France, Holland, Spain, Mexico, Poland, Portugal, Brazil, Roumania, Russia and Hungaria in all of the various languages of those countries. America can well feel proud that one of her own physicians, and a physician, who, by the way, started from Los Angeles, should be the author of a work that has probably become more useful than any other one publication of a decade.

**DR. DAVID B. VAN SLYCK, M.D.,
HIS GOLDEN WEDDING.**

Our dear Van Slyck, as true a friend as ever drew the breath of life, is just celebrating the fiftieth anniversary of his entrance into the medical profession.

"In recognition of his distinguished services in medicine in its every form of usefulness for a half century, the Pasadena Medical Society and other friends" tendered him a banquet at the Hotel Guirnalda, Pasadena, Tuesday evening, May 13, 1902.

The following members of the profession were present:

George E. Abbott, B. C. Atterbury, W. D. Babcock, H. G. Brainerd, F. S. Bullard, Rose T. Bullard, W. W. Beckett, F. R. Burnham, Stanley P. Black, W. T. Bolton, Norman Bridge, C. A. Briggs, Solon Briggs, Josephine S. Briggs, Helen Betts, C. L. Case, George L. Cole, A. R. Chapin, E. R. Chadbourne, David Conrad, George Deacon, H. Bert Ellis, Elizabeth A. Follansbee, Fordyce Grinnell, John R. Haynes, Mary Hagadorn, John E. Janes, Charles Lee King, J. M. Kirk, George F. Lund, George W. Lasher, Walter Lindley, Anna Lukens, J. W. Laird, Arthur A. Libby, C. D. Lockwood, A. L. McLeish, Claire W. Murphy, James H. McBride, A. D. S. McCoy, Robert O. Moody, Mary J. Moody, F. C. E. Mattison, Garrett Newkirk, A. T. Newcomb, William M. Ogden, Benjamin M. Page, J. N. Radebaugh, W. H. Roberts, F. F. Rowland, A. B. Royal, A. B. Swearingen, H. H.

Sherk, H. B. Stehman, H. Sherry, E. R. Smith, F. C. Shurtleff, Anita Tyng, J. H. Utley, F. S. Weir, Lem W. Willis.

As the coffee was served, Dr. Sherk, president of the Pasadena Medical Society, as toastmaster made a pleasant talk in regard to his association with the honored guest.

Drs. Stehman, Bert Ellis, Remondino, F. R. Burnham, Charles Lee King, Norman Bridge and others responded feelingly and felicitously to toasts. In responding, Dr. Van Slyck got into a very happy vein of reminiscences and told of his graduation from the Buffalo Medical College in 1852 with Dr. Corydon L. Ford, the greatest American anatomist, Dr. Austin Flint and Dr. Frank H. Hamilton, among the corps of instructors.

In conclusion a beautiful silver water set was presented by Dr. J. H. McBride, in a graceful speech as a testimonial from medical friends.

Out of consideration for the well-known temperance principles of the honored guest no wine was served, thus following the example set at the testimonial banquet given in Chicago two years ago to the father of the American Medical Association, N. S. Davis.

Dr. Van Slyck bears his fifty years of service like a youth and looks as though he were full of energy, hope and healthful ambition. The longevity of man is steadily increasing and we are looking forward with hope and delightful anticipations to the time when we shall be privileged to attend

our good friend's diamond anniversary.

***Van Slyck—Hygeia—A Platonic Marriage.**

To Dr. David B. Van Slyck. By Garrett Newkirk, M.D., On the celebration of the fiftieth anniversary of his entrance into practice, by the Pasadena Medical Society, May 13, 1902.

Within the twentieth century's door

We pause to take a backward look,
And turn full fifty leaves or more,

Each leaf a year of Memory's book.

We come to celebrate with one

His golden wedding with Hygeia,
To show that honest work well done
May prove for ills a panacea.

And he has been a faithful spouse,

In service constant, night and day;
Nor ever turned aside to browse
In tempting pastures by the way.

He is not *old*, we count him *young*,

—For what are years, and what is age,
When by the power of pen or tongue,
And labor done we take the gauge?

Is he not young to me, to you?

Giving to each some new idea,
With public spirit broad and true,
A message bringing from Hygeia.

And when he gets a tumble *down*,

A bruise upon the knee or nose,
He tumbles *up*, without a frown,
Just rubs the place, and on he goes.

And yet he knows of many things

That were and happened long ago.
Of doctors' gigs with leather springs,
And teams of oxen, hurrying slow.

When York State stumps were thick
and fast,

And zigzag fences lined the way;
When woodchucks sauced him as he
passed,
And "thankye ma'ams" made manners
gay.

He knew the old-time practice ruts,
—Small chance 'twould seem for adi-
pose,

When pills were big as hickorynuts,
And pints were but a common dose.

The vile appendix scarce was known,
When our good friend his work be-
gan;

And Anesthesia hardly known
To be that blessed boon to man.

When people were anaemic, too,
Perhaps he bled, like other men;
It was the proper thing to do,
For bleeding was in fashion then.

For we *have* fashions, out and out,
And doctors of the coming time
Will have their laugh at us, no doubt,
And count our ignorance sublime.

"When wild war's deadly blast was
blawn,"

From Arkansaw to Fort Monroe;
His armor quick he buckled on,
And forward went to meet the foe.

No need for him a second call;
The patriot marrow in his bones,
His hatred of despotic thrall,
Responded to the bugle tones.

His name—it has a Holland sound—
Heroic land of ditch and dyke;
*Hail to the Dutch, who stood their
ground;*

And hail to thee, our good Van Slyck.

*This post prandial poem was received with great applause when read by its author at the Van Slyck banquet.

GALL STONES—THEIR MEDICAL TREATMENT.*

This little work by Dr. Keay is quite refreshing as giving something of an idea of the importance that is now being attached to internal medicine and the reaction against the supremacy of the surgeon.

Dr. Keay says that "nearly all who suffer from gall stones get relief sooner or later without operation, and that operation by no means procures permanent freedom from the symptoms of this disease." Dr. Keay protests against the dictum of Winwarter, a German surgeon, "that the diagnosis of gall stones is sufficient indication for operation." He further says that "post mortem records abundantly show that the presence of gall stones is not inconsistent with long life, and they have been found in large number in the gall bladders of persons who never during life suffered any pain or discomfort that led even to a suspicion of their existence. In 1150 post mortems made at Strassburg, Schroder found gall stones in the gall bladder and bile-ducts of 141; that is, 12.26 per cent. Happily, when the stones do not migrate, nor set up inflammation, there is no need for interference, and if, by medical means the stones can be kept at rest, surgical treatment is unnecessary. Surgeons speak of a mortality now reduced to 1 per cent. in the simplest cases. Some of them seem to make light of this mortality. Place 100 men in a row, tell them that a shot will be fired which must kill one, and

I venture to say not one of the 100 will feel particularly comfortable until that shot is fired. It is now more than twenty years since Mr. George Brown, a general practitioner in London, operated for gall stones, but it is only within the last dozen years that the operation has become familiar to surgeons and medical men. The kind of gall stone most frequently met with is the size of a pea or smaller; grayish white in color; faceted when they have been lying in contact; for the most part readily breaking down, or easily crushed between the thumb and finger. The wonder is that, understanding that the bile contains so much solid material and has to pass to the intestines through extremely narrow ducts, it does not oftener leave solid particles or concretions behind. The author goes fully into the formation, migration and morbid condition of gall stones; also into the symptoms and diagnosis, and in regard to treatment says that "in 1879, before the advent of gall-bladder surgery, the number of deaths attributed to gall stones was 172, and since then there has been a gradual increase until 1899, when the number of deaths attributed to this cause was 488." The increase of mortality, he says, may be due in some measure to more exact diagnosis. It may also be accounted for to some extent by the mortality following operation. Be this as it may, I am convinced that it is undoubtedly largely due to the fact that, owing to the frequency with which

*The Medical Treatment of Gall-Stones, by J. A. Keay, M.A., M.D., cloth \$1.25. Philadelphia. P. Blackiston's Son & Co., 1012 Walnut street, 1902.

operation is undertaken, gall stones are now regarded as a more serious disease than formerly. The one thing of importance is that the diet be adapted to the ordinary requirements of the individual and that it be well digested, as it is from the products of indigestion that the bile derives those irritating particles that lead to disease in the gall bladder and bile-ducts. In order to obtain a free flow of unirritating bile a more than average supply of fluid is strongly advisable. Water or other liquid is valuable in clearing out the abnormal or irritating products of digestion. Every one knows that tea and other liquids taken in large quantity with meals is one of the most frequent causes of indigestion. Therefore, liquid should be taken some hours after a meal, when the food has, for the most part, left the stomach and sufficiently long before another meal, so that it can be absorbed before the ingestion of that meal, while a glass of water at bed time or before and after rising, cannot be regarded as otherwise than highly beneficial. I am so convinced as to the value of water that, as it is difficult for the gall stone patient to take sufficient fluid by the mouth without interfering with digestion, I have for some time past had recourse to rectal injections. The patient clears out the bowels with a pint or more of warm water. After clearing out the bowels two quarts or more are injected and retained as long as possible. The time required is about an hour once every two or three days. I know several bilious subjects, who have tried all

manner of remedies, who affirm that they have derived more benefit from this than from all the various and wonderful drug combinations. The value of exercise in preventing the stagnation of bile is universally admitted. Riding, rowing and cycling seem well adapted to give work to the abdominal muscles. There are two drugs that stand out as best for relieving the pain of biliary colic; these are chloroform and morphia. There are few medical men who would deny a patient, suffering hours of agony, the luxury of a few whiffs of chloroform. When administered in this way by a medical men it is safe enough. For more lasting relief there is nothing equivalent to a hypodermic of morphia combined with atropine. The author also advises the use of calomel and podophyllum for their beneficial action in removing badly digested products from the intestines and producing certain changes in their power of absorption, and says for the promotion of healthy bile let mecurials, saline and other substances by all means be given.

In conclusion the author says: "We are fully convinced that the records of gall-bladder surgery during the past ten years have clearly shown that the results anticipated have not been realized, and that, unless in the most exceptional cases, more real and lasting benefit will be derived from hygienic and medical treatment than from operation."

SYPHILIS.

There are a few facts concerning syphilis which it is always well to

have in mind. First of all, that it is of a contagious and infectious nature, but likewise that it is not infrequently contracted in an innocent way. There are many instances on record where it has been contracted through a common drinking utensil. As has been said, "It may be well conceived that it may also be transmitted through the agency of suctorial insects, such as mosquitoes," but through whatever channel it is contracted perhaps the most important thing is to bear in mind that evidences of the malady are often found where we are least looking for them. Like incipient tuberculosis, it often puts in an appearance to the general practitioner where unexpected, and fortunate is the physician who is ever on the alert to the possibility of its presence, ready to interpret any of the many expressions under which it presents itself. It should be remembered also that it is a self-limiting disease and confers immunity. Such facts suggest the formations of toxins and anti-toxins. Also important to remember is the fact that the severity of the disease differs, from an attack that is so mild as to often escape notice entirely, to a disease that assumes almost a malignant character. Another important fact is to remember that the most severe tertiary lesions may develop many, many years after the initial lesion and often when the early symptoms have been so very light as to hardly call, in the opinion of the infected person, for treatment. Preceding these late evidences the subject may have become the parent of absolutely

healthy children. Colle's law is often forgotten, but if borne in mind would not infrequently save a great deal of confusion in making a diagnosis.

G. L. C.

IN THE PHILIPPINES.

While in San Francisco we had the pleasure of meeting Dr. Joseph Pettyjohn, of Augusta, Ga., who has been spending eighteen months in the United States service as assistant-surgeon in the Philippines.

He was speaking of Beriberi, which is quite prevalent on those islands. He said it was a very deceptive disease—that the patient you would think was sure to die would get well, and the patient who was apparently on the high road to recovery would suddenly die. Death in this disease is usually the result of paralysis of the heart. The disease is divided into three forms: The paralytic, edematous and mixed.

The doctor had many interesting things to say, amongst others that the people use no milk or butter. While they have the large animal that they use for hauling, yet it is never used for a milch cow.

While the climate is warm he said he believed he never saw it below 70 degrees, yet it was never very hot as he never saw it above 90 degrees. In large portions of the islands there are no mosquitoes whatever. While Dr. Pettyjohn had not specially studied the matter, yet from the best of his memory, the portions of the islands where there are no mosquitoes there is no malaria.

The doctor learned to believe that the Filipinos were the most deceptive people on the face of the earth, and he thought the tendency of the United States was to pamper them, when consistent, steady discipline would have been better.

WANTED—A SISTER OR BROTHER.

A Los Angeles physician recently received the following note from an eight-year-old friend:

TUESDAY, MARCH 25, 1902.

Dear Dr.

I have a very queer question to ask you in with Mama and I shood like to have very much.

And that is the next baby you find will you bring it to us.

I don't care if it is a little boy or girl but if you could bring us a little brother.

I want the very next one unless it happened to be a Chinese baby. We want it very much. I will love it very much and take good care of it.

We will be home in bout one or two weeks.

If it comes befor, give it to Papa and you get a trand nurse to take care of it un tell we get home. I will wright to Papa to make arrangenents.

And I will thank you very much.

Your loving little frand,

GEORGIE.

REDLANDS MEDICAL SOCIETY.

Following is the list of officers and members of the Redlands Medical Society for the year 1902-3, order of business and program as adopted by the society, place of meeting, etc.:

President, Chas. C. Browning, M.D.; vice-president, Gayle G. Moseley, M.D.; secretary and treasurer, J. E. Payton, M.D.

Order of Business: Reading of minutes, 2 or 7:30 p.m.; unfinished business, 2:10 or 7:40 p.m.; section work, 2:20 or 7:50 p.m.; general discussion, 2:50 or 8:20 p.m.; report of cases, 3:20 or 8:50 p.m.; miscellaneous.

Program, 1902: March 5, 7:30 p.m., Dr. R. T. Allan; March 19, 2 p.m., Dr. G. G. Moseley; April 2, 7:30 p.m., Dr. P. S. Anderson; April 16, 2 p.m., Dr. E. A. McDonald; May 7, 7:30 p.m., Dr. T. M. Blythe; May 21, 2 p.m., Dr. C. A. Sanborn; June 4, 7:30 p.m., Dr. J. H. Evans; June 18, 2 p.m., Dr. Hoell Tyler; July 2, 7:30 p.m., Dr. R. A. Harris; September 17, 2 p.m., Dr. J. M. Wheat; October 1, 7:30 p.m., Dr. E. E. Majors; October 15, 2 p.m., Dr. W. H. Wilmot; November 5, 7:30 p.m., Dr. G. G. Moseley; November 19, 2 p.m., Dr. S. Y. Wynne; December 3, 7:30 p.m., Dr. E. A. McDonald; December 17, 2 p.m., Dr. J. A. Colliver; 1903, January 7, 7:30 p.m., Dr. J. E. Payton; January 21, 2 p.m., Dr. Geo. H. Scott.

List of members, February 1, 1902: R. T. Allan, Paul S. Anderson, T. M. Blythe, C. C. Browning, J. A. Colliver, J. H. Evans, R. A. Harris, E. E. Majors, G. G. Moseley, E. A. McDonald, J. E. Payton, C. G. Riley, C. A. Sanborn, Geo. A. Scott, Hoell Tyler, J. M. Wheat, W. H. Wilmot, S. Y. Wynne.

Meetings of the society will be held on the first Wednesday of each month, at 7:30 p.m., and on the third Wednes-

day of each month, at 2 p.m., in the Y.M.C.A. parlors.

All physicians visiting Redlands and vicinity are cordially invited to attend the meetings of the Society and take part in the discussions.

The subject to be discussed shall be announced at the previous meeting.

THE STATE MEDICAL SOCIETY.

Mr. Editor:

I would thank you for a reasonable amount of space in your journal to say a few things regarding the late meeting of The Medical Society of the State of California.

Upon the whole the meeting was a pleasant one, a kindly spirit was manifest and the atmosphere of the occasion was encouraging and helpful. I believe this is significant that candor and cordial fellowship will prevail as a rule and not as an exception.

The papers and reports, in the main were very good, and in some instances the discussions, but this important feature of scientific work has not reached high water mark. It is believed that they will be better under the sectionized meetings of the society.

The retiring officers and committees deserve warm commendation for the work they so well performed.

The most important transaction of the meeting was the adoption of the new constitution and by-laws. It is a pleasure to know this was done with harmony and satisfaction. I was the author of the resolution that was submitted last year at the meeting in Sacramento by Dr. Rooney and myself, for the appointment of a revisional committee of fifteen. It is fortunate that this resolution was then adopted. I was a member of this committee and we labored with the most gratifying harmony, arduously and carefully, to draft a law that would be equal if not superior to that

of any State society. I believe the committee did this, and if the new law is firmly, persistently, yet kindly enforced, it will result in the advancement and elevation of the medical profession, and the uplifting of mankind.

As I had given the matter of organization, reorganization and laws governing county and State societies much study, during the year just past, I would have been pleased to have been the first president under the new order of things.

While I was not confident of success in the contest for the office of president, the highest honor our State Society can bestow, it was an opportunity to test my persona grata in a society in which I had so long—twenty-nine years—endeavored to be a useful and consistent member, and an uncontentious one so far as my personal interest and advancement were concerned. Had my interests been more personal, I think it will be conceded that I could have been president of the society ten or twelve years ago.

Although I was not elected I was highly gratified that I received a vote that was not only more than complimentary, but was given almost spontaneously. My associates of many years' standing with but few exceptions, supported me; this expression of confidence and esteem is exceedingly gratifying.

An urgent engagement awaiting me, I failed to have an opportunity to publicly express my thanks to those who so cheerfully supported me.

I now tender my cordial thanks, and to record my sincere appreciation for such an evidence of esteem is largely the reason for requesting the publication of this letter.

I earnestly hope that under the new regime the first year's trial will prove far more encouraging and satisfac-

tory than our most sanguine expectations.

It is my sincere wish that our new president, all the officers and committees, will have a successful year, and all the interests of the society will be greatly advanced.

In concluding, I invoke upon the

future work and deliberations of our State Medical Society the spirit of liberty, the spirit of courage, the spirit of truth, and above all, the spirit of peace.

Very respectfully,

GEORGE WILLIAM DAVIS.

406 Sutter St., San Francisco.

BOOK REVIEWS.

INTERNATIONAL CLINICS. A quarterly of clinical lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M.D., Charles H. Reed, M.D., of Philadelphia; J. W. Ballantyne, M.D., of Edinburgh, and John Harold, M.D., of London, with regular correspondents in Montreal, London, Paris, Leipzig and Vienna. Volume IV, Eleventh Series. 1902. Philadelphia: J. B. Lippincott Company. 1902.

Volume IV of the International Clinics comes to us as an unusually interesting number. The fact that the volume contains articles by such men as Norman Bridge, John B. Deaver, A. Jacoby, John S. Musser, Nicholas Senn, Alfred Stengel and others of this type is a guarantee of the excellence of the material furnished. This 11th series has 1221 pages, 110 articles, 259 illustrations in colors and black and white. The standard of 1900 has been more than maintained, and it is one of the wonders of the present day literature that such a work can be placed upon the market at such a nominal price. The article by H. C. Wood Jr. opens up a wide range of research. This statement is of interest: "Bedside observations of the

value of new drugs fail for a number of reasons, the most important of which is the well known psychological fact that the human mind usually sees what it is looking for, whether the reality is there or not. The large number of drugs which have been introduced to the profession with most fulsome recommendations and the rapidity with which they have fallen into oblivion afford conclusive evidence, if any further was needed of the untrustworthiness of the empirical method of study as a means of advancing our therapeutic knowledge."

The article by Norman Bridge on the climate of Southern California is especially of interest to those who live in California not alone, but to all the world over who are sending patients hither. C. H. Chetwood in an article on the operative relief of some forms of prostatic hypertrophy, in speaking of the Bottini operation, after mentioning the fact that it was introduced some twenty-five years ago and after a period of trial generally discarded because it was deemed unsurgical, there being no provision for bladder drainage after it. Of late years it has been taken up by a few genito-urinary surgeons. He says, "For a long time past I have determined in my own mind that incision by the galvano-cautery is the proper method of attacking many enlargements of the prostate, but that it should be combined with perineal incision, to af-

ford proper exploration, precise and complete work, and bladder drainage afterwards." On the whole the reviewer has never found a more interesting volume of International Clinics than the present.

SYPHILIS.—A Symposium. Special contributions by:

L. Duncan Bulkley, A.M., M.D.
Follen Cabot, Jr., M.D.
Louis A. Duhring, M.D.
Prof. Fournier, M.D.
Eugene Fuller, M.D.
E. B. Gleason, M.D.
William S. Gotthell, M.D.
Robert H. Greene, A.M., M.D.
Norman B. Gwyn, M.D.
Orville Horwitz, M.D.
Edward L. Keyes, M.D.
G. Frank Lydston, M.D.
D. J. McCarthy, M.D.
Thomas G. Morton, M.D.
Boardman Reed, M.D.
A. Robin, M.D.
J. D. Thomas, M.D.

E. B. Treat & Co., 241-243 West 23d street, New York, 1902. Price \$1.00.

This little hand book of 120 pages comprises a number of papers that were originally published in the International Medical Magazine. It includes about a dozen short chapters on the various phases of syphilis, by as many noted specialists of world-wide reputation, in this line. At the close there are six important questions propounded concerning the diagnosis, treatment, likeness of secondary stage, responsibility in sanctioning matrimony, the transmissibility of syphilis in the progeny of a tertiary syphilitic. These questions are answered by each of the following men: Duhring, Lydston, Horwitz, Morton and Keyes. It is one of the useful books of the present day.

STUDIES IN THE PSYCHOLOGY OF SEX.

Sexual Inversion, By Havelock Ellis, L.S.A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be com-

pleted in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8 5-8 x 5 3-4 inches. Extra Cloth, \$2.00 net delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia, Pa., F. A. Davis Co., Publishers, 1914-16 Cherry Street.

By Sexual Inversion the author means the sexual instinct turned by inborn constitutional abnormality toward persons of the same sex. Another term the author uses is "homosexual love." To give some idea of the extent of this abnormality there was within the cognizance of the police of France during a recent decade, 6342 pederasts; 2049 were Parisians, 3709 provincials and 584 foreigners. Buffon found if male or female birds—such as partridges, fowls and doves—were shut up together, they would soon begin to have sexual relations among themselves, the males sooner and more frequently than the females. More recently Deville observed that dogs, rams and bulls, when isolated, first became restless and dangerous, and then acquired a permanent state of sexual excitement leading them to attempts to couple together; the presence of the opposite sex at once restoring them to a normal condition. Aristotle says sodomy was allowed by law in Crete to keep down the population. During war and the separation from women that war involves, the homosexual instinct tends to develop. In the lament of David over Jonathan we have a picture of intimate friendship "passing the love of women."

In Greece the homosexual impulse was recognized and idealized; a man could be an open homosexual lover, and yet, like Epaminondas, be a great and honored citizen of his country.

There is a chapter on "The School Friendships of Girls," which the author says is usually Platonic, but all the sexual manifestations of college youth gather around it and in its varying aspects of differing intensity;

all the gradations of sexual sentiment may be expressed.

The whole work is intensely interesting and opens up a subject of which the profession at large think very little.

THE PRACTICAL MEDICINE SERIES OF year books, comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustav P. Hurd, M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume II, General Surgery, edited by John B. Murphy, M.D., Professor of Surgery, Northwestern University Medical School. Price of this volume, \$2.00. November, 1901. The Year Book Publishers, 40 Dearborn street, Chicago.

VOLUME IV, GYNECOLOGY, EDITED BY Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist of St. Luke's and Wesley Hospitals, Chicago, with the collaboration of William Healy, A.B., M.D. Price of this volume in \$1.25. March, 1902. The Year Book Publishers, 40 Dearborn street, Chicago.

VOLUME V, OBSTETRICS, EDITED BY Reuben Peterson, A.B., M.D., Professor of Obstetrics and Gynecology in the University of Michigan, and Henry F. Lewis, A.B., M.D., instructor in obstetrics and gynecology in Rush Medical College. Price of this volume, \$1.25. April, 1902. The Year Book Publishers, 40 Dearborn street, Chicago.

The names of the editors of these three volumes make guarantee sufficient that the contents are valuable. Dr. Murphy devotes considerable space to the Vermiform Appendix. He also pays especial attention to diseases of the bladder and kidneys, and gives more space than is usually given to the pancreas. The chapter on diseases of the stomach and intestines is interesting and valuable.

Dr. Dudley, in the work on Gynecology, pays especial attention to tumors of the uterus and ovary. He also gives a great deal of space to infections of the uterus and other pelvic infections, and speaks of the fact that the general surgeon is rapidly taking up the operative work of Gynecology.

The third volume is of interest to the general practitioner and all who devote any time to Obstetrics.

These works are very handy, useful and inexpensive.

THE FOUR EPOCHS OF WOMAN'S LIFE. A study of Hygiene. By Anna M. Galbraith, M.D., with an introductory note by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania, Philadelphia and London, W. B. Saunders & Company, 1901.

Professor Musser's ten-line introduction was not much of a drain on his gray matter, but he says: "These truths should be known by every woman, and I gladly commend the essay to their thoughtful consideration." "Every woman," "their thoughtful consideration" may not be Boston grammar, but we all know that he means well. The author begins with this misstatement, "Perfect health is essential to perfect happiness." Every physician can testify to having seen some of the happiest people in the world who were sick. Plato said health, peace and competence were necessary to happiness, but we have all seen people who were happy when sick, others who were happiest when in a scrap and others who were enviously happy without money and almost without food. Stop this carping criticism, for Dr. Galbraith's work is all right. We are all looking for a book than we can with confidence place in the hands of our female patients. Here it is. "The Marriage Question; The Ethics of Married Life; Sterility; Pregnancy; The Confinement; The Lying-in; The New-born Infant and The Menopause" are some of the chief topics.

MANUAL OF CHILD BED NURSING WITH notes on Infant Feeding by Charles Jewett, A.M., M.D., Sc. D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital, Fifth Edition Revised and Enlarged. New York, E. B. Treat & Company, 242-243 West 23rd street. 1902, price 80 cents.

This is a delightful, useful little

book and every physician can well encourage his nurses to possess it and

its contents externally, internally and eternally.

THERAPEUTICAL HINTS.

A young married woman in her first pregnancy (although two physicians in attendance declared her non-pregnant) had fallen into a highly excitable and nervous condition, resulting in a daily round of convulsions, from mid-day until midnight. Months of experimenting to restore the menses, but aggravated matters, then they declared her pregnant and employed drugs to end the pregnancy in hope that the convulsions would cease with it. This attempt also failed, as did the patient, and telegrams brought her folks to see her die. A family council decided to call me in, though a stranger to her. Half doses of Celerrina were given because of patient's weakness, and she had after the first dose but one convulsion in which she

lost consciousness. Patient was soon discharged and the gestation went on in the usual way. Very nervous persons should always keep it on hand, as a dose or two will relieve, and without any after ill effects whatever. —I. T. Evans, M.D., Broad street and Princeton avenue, Columbus, O.

Among the new advertisements appearing for the first time in this issue of the Practitioner, is one on the subject of "Dispensary Tablets."

The story is told in a few words.

For the convenience of their many friends on the slope, these manufacturers have placed them on sale with all of the large drug houses in California.



AMONG THE PINES, IDYLLWILD, SAN JACINTO MOUNTAINS, CALIFORNIA



SCENE AT IDYLLWILD, SAN JACINTO MOUNTAINS, CALIFORNIA.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, JUNE, 1902.

No. 6

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE)

ADDRESS OF WELCOME BY DR. RAYMOND G. TAYLOR, SAN JACINTO, CAL.

ADDRESSED TO THE SOUTHERN CALIFORNIA MEDICAL SOCIETY AT THEIR TWENTY-NINTH
SEMI-ANNUAL MEETING, ETC.

Less than forty years ago the virgin soil of this lovely valley had not been trod by the foot of a white man. There was no safe and beautiful carriage road by which the tired and jaded urbanite could enter its primeval confines; there was no Idyllwild Sanatorium with its modern conveniences and every comfort that experience and means could provide for the weary health seeker.

The first white man who entered this valley came over the hills by a rough and rugged trail known only to the Indians and he camped beneath the whispering pines with naught but the starry canopy of heaven for a roof.

After him came many others who had heard wonderful stories of hunting, and timbered wealth, and with them also the commercial instinct of the Anglo-Saxon came; and for many years the hand of the spoiler was at work. Many a giant of the forest fell before his ruthless ax, and his trail of destruction is still to be seen. The work of devastation went on un-

checked and the fairest of valleys seemed doomed to become but a bleak and treeless desert.

But there came a man to this valley, attracted by the tales of mountain beauty and forest grandeur and health regained that he had heard; who saw something here besides mills and lumber, and now thanks to the wisdom and foresight of that man and a company of our professional brethren, there is saved to us and to posterity this most beautiful and healthful natural park in Southern California.

Once again we have met in pursuit of knowledge, pleasure and recreation, and for a firmer cementing of that bond of brotherhood which unites us, the unworthy but earnest representatives of the grandest and noblest of callings.

Today will certainly be marked a red letter day in the history of this society. We are having an experience unique in its annals. We have met here among the "murmuring pines and hemlocks" in this lovely valley with

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

its beautiful legends, its babbling brooks, its mountain grandeur, and its unsurpassed climate. We have left our homes and business a hundred miles behind us, gway down yonder in the distant and hazy west. Let us leave, for the time at least, our cares and worries with them. Let us recreate in the fullest sense of the word. Where can we better relax and for-

get the strenuous life than here among the everlasting hills, close to Nature's heart, where the sky is of the bluest blue; the winds but soft zephyrs to waft the incense of the pines, and the air—every breath—like the elixir of life, double distilled. Ladies and gentlemen, members of the Southern California Medical Society, we welcome you to Idyllwild.

TUBERCULOSIS—AN HISTORICAL SKETCH.*

PRESIDENTIAL ADDRESS BY W. W. BECKETT, M.D., LOS ANGELES.

From all the information we can gather, tuberculosis has always existed. "It is," as Prof. Hirsch remarks, "a disease of all times, all countries and all races. No climate, no latitude, no combination of favoring circumstances forms an infallible safeguard against the onset of tuberculosis. However, such conditions may mitigate its ravages or retard its progress. Like typhoid fever, phthisis dogs the steps of man wherever he may be found and claims its victims among every age, class and race.

Hippocrates (460-377 B. C.) was the first to describe phthisis with any degree of clearness. He considered the affection to consist of suppuration of the lungs due to various causes, and that it may assume an acute or chronic character. It may occur as a result of the inflammation or proceed from a chronic pneumonia, which is complicated by a defluxion of mucus from the brain into the lungs. Hippocrates believed phthisis to be curable when due to an extravasation of blood into the lungs, or whenever a collection of mucus, blood, or morbid products in the lungs or pleural cavities fail to be expectorated or absorbed within a specified time. He considered the affection to

be non-specific, and that it always occurred as a natural result, when mucus, blood, or morbid products in the lungs, or pleural cavities, were converted into pus, through their failure of absorption. Hippocrates attached no importance to tubercles, or nodules, except to consider them as centers of simple inflammation or supuration.

In Adam's translation of Hippocrates' works, the following history of phthisis is given: "Early in the beginning of spring, and through the summer, and toward winter, many of those who had been long gradually declining, took to bed with symptoms of phthisis; in many cases, formerly of a doubtful character, the disease then became confirmed, in these the constitution inclined to the phthisical. Many, and in fact most, of them died. * * * The greatest and most dangerous disease, and the one that proved fatal to the greatest number, was consumption. With many persons it commenced during the winter, and of these some were confined to bed, and others bore up on foot; the most of those died early in spring who were confined to bed; of the others, the cough left not a single person, but it became milder through

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Cal., May 22nd and 23rd, 1902.

the summer; during the autumn, all these were confined to bed, and many of them died; but in the greater number of cases the disease was long protracted. Most of these were suddenly attacked with these diseases, having frequent rigors, often continual and acute fevers; unseasonable, copious, and cold sweats throughout; great coldness from which they had great difficulty in being restored to heat; the bowels variously constipated, and again immediately in a loose state, but toward the termination in all cases with violent looseness of the bowels; a determination downward of all matters collected about the lungs; urine excessive, and not good; troublesome melting. The coughs throughout were frequent, and sputa copious, digested, and liquid, but not brought up with much pain; and even when they had some slight pain, in all cases the purging of the matters about the lungs went on mildly. The fauces were not very irritable, nor were they troubled with any saltish humors; but they were viscid, white, liquid, frothy, and copious defluxions from the head. But by far the greatest mischief attending these and other complaints was the aversion to food. The form of body peculiarly subject to phthisical complaints was the smooth, the whitish that resembling the lentil; the reddish, the blue-eyed, the leuco-phlegmatic, and that with the scapulae having the appearance of wings."

("Aphorisms.")

"Phthisis most commonly occurs between the ages of eighteen and thirty-five years.

"In pleuritic affections, when the disease is not purged off in fourteen days, it usually terminates in empyema.

"Persons who escape an attack of quinsy, and when the disease is turned upon the lungs, die in seven

days; or if they pass through they do come affected with empyema.

"In persons affected with phthisis, if the sputa which they cough up have a heavy smell when poured upon coals, and if the hairs of the head fall off, the case will prove fatal.

"Phthisical persons, the hairs of whose head falls off, die if diarrhoea set in.

"In persons who cough frothy blood, the discharge of it comes from the lungs.

"Diarrhoea attacking a person affected with phthisis is a mortal symptom.

"Persons who become affected with empyema after pleurisy, if they get clear of it in forty days from the breaking of it, escape the disease; but, if not, it passes into phthisis."

Isocrates, a contemporary of Hippocrates, considered pulmonary phthisis to be a contagious disease. He based this opinion upon clinical observation.

Aretaeus, who lived about the year 250 B. C., recommended the sea coast as a residence and sea voyages and exercises or a friction of the skin. He considered a mild diet of great importance.

Pliny, the elder, 73-23 B. C., ascribed a most beneficial action to the sun, and to the air of pine forests in the treatment of phthisis.

Galen, 131-200 A. D., used to send his patients to a higher altitude. Impure air, he considered an important etiological factor. He believed pulmonary tuberculosis was contagious.

Avicenna, 980-1037 A. D., the most celebrated Arabic physician of that time, also believed phthisis to be contagious and sent his consumptive patients to mountain climates.

Sylvius, 1614-1672 A. D., was the first to recognize the existence of nodes in connection with the ulcerations and suppurations of the lungs. He believed in inherited or acquired

predisposition of the development of phthisis. He recognized hard, tuberculous masses in the lungs which first soften in the center, become abscesses, and finally disintegrate for the production of cavities and putrid expectoration. He recognized the existence of two kinds of tubercle, large and small. The small were probably the miliary tubercle of today.

According to Montano, 1550 A. D., one could contract pulmonary tuberculosis by simply walking with naked feet over the expectorations of a tuberculosis patient.

Van Helmont, 1577-1644, believed in mountain and warmer climates for consumptive patients.

Bonnet, 1620-1689, considered phthisis due to various pathological changes in the lungs, such as ulceration, abscess, suppuration, empyema, induration, scirrhus and tubercle.

The celebrated Sydenham, of London, claimed to have saved several phthisical patients through horseback riding.

Morgagni, 1682-1771, was a great believer in the contagiousness of tuberculosis and refused to perform an autopsy on individuals who had died of consumption.

Bayle, 1774-1816 A. D., described tubercular phthisis and used the term miliary tubercle. He found miliary tubercle within various organs of the body and was the first to recognize them in the larynx and trachea. He considered tubercular phthisis to be constitutional rather than a local disease, the result of cachexia.

Laennec, 1781-1826, taught how to auscultate the chest. He believed in the curability of consumption. It is difficult to say whether or not he believed tuberculosis to be contagious. He died, however, as the result of an inoculation during an autopsy on a tubercular subject.

In Naples, a Royal Decree, dated September 20, 1782, ordered the isola-

tion of consumptives and the disinfection of their apartments, personal effects, furniture, books, etc., by the aid of vinegar, brandy, lemon juice, sea water, or fumigation. Any violation of this law was punished, if the individual was an ordinary mortal, with three years in the galleys. If he happened to be a nobleman, he was sent for the same time to a fortress and had to pay three hundred ducats. The physician who failed to notify the authorities of the existence of a tuberculous patient, was fined three hundred ducats for the first offense. A repetition of the neglect would banish him from the country for ten years. Any one aiding a consumptive to escape was fined and imprisoned for six months.

Portal, 1742-1832, wrote that in Spain and Portugal, the parents of a consumptive were obliged to notify the authorities, when the patient had arrived at the last period of the disease. This was done for the purpose of securing the disinfection of the personal effects of the patient.

Dr. Cullen, 1807, reduces the causes of phthisis to five: First, hemoptysis; second, a suppuration of the lungs in consequence of pneumonia; third, a catarrh; fourth, an asthma; and fifth, tubercles. He further says that when a phthisis arises from an hemoptysis, it is probable that it was occasioned by particular circumstances, and what these circumstances are, may not always be easily known. It is possible that merely the degree of rupture or frequently repeated rupture preventing the wound from healing may occasion an ulcer. Or it is possible that red blood effused and not brought up entirely by coughing, may, by stagnating in the bronchiae, become acrid and erode the parts. He further says that of all the causes, phthisis most frequently arises from tubercles. These may exist, however, without inconvenience

until they begin to disturb the functions of the lungs by their size and number, or till some degree of inflammation be excited either by accidental causes or by certain changes that take place within their substance, for as yet we know little of their true nature. The treatment at this time consisted of Peruvian bark, the acid of vitriol, the balsams, and frequent bleedings, the use of blisters and issues, opiates, a milk and vegetable diet, exercise and change of air.

Dr. James Carmichael Smyth recommended as a diet in consumptive cases milk, particularly that of asses; a moderate use of animal food; jellies of isinglass, shell fish, particularly oysters, as well as snails swallowed whole, or boiled in milk. He advised bleeding in small quantities, as really advantageous when the constitution apparently abounds with blood, when the fluid drawn off is extremely sized, when there is much pain in the breast, and venesection is followed by an abatement of every symptom.

Dr. Simmons of London, strongly recommended a frequent repetition of vomits. If any remedy is capable of dispersing a tubercle, he believed it to be this. For this purpose, he often employed vitriolated copper.

Gluge, 1841, seems to have been the first to utilize the microscope for the investigation of tubercle.

Lebert, 1844, demonstrated microscopically, small, irregular, oval, granular corpuscles to which he gave the name "tubercle corpuscles" and which he regarded as characteristic of all tuberculous matter.

Villemin's (1865) conclusions were: First, tuberculosis is a specific affection; second, it is produced by an infective agent; third, rabbits may be successfully inoculated from man; and fourth, tuberculosis should be classed with virulent diseases such as variola, scarletina, syphilis, and

glanders. He demonstrated that tuberculosis could be inoculated.

On the 24th of March, 1882, Koch announced his discovery of the bacillus of tuberculosis. On August 24th, 1890, he read a paper before the International Medical Congress in Berlin on the treatment of tuberculosis with tuberculin. The results of this treatment have been universally disappointing. As a means of diagnosis, however, its value cannot be disputed, and in lower animals, it has given definite and useful results.

Stengel, 1898, says the term tuberculosis refers to various conditions due to infection with the tubercle bacillus. The name was originally employed because of the occurrence of small nodules or tubercles. Other diseases show small miliary nodules, perhaps indistinguishable to the naked eye, and tuberculosis sometimes occurs without a single tubercle. Tuberculosis is infectious and contagious, the bacilli being transferred by secretions and excretions from diseased persons to a susceptible individual through the air, food, drink, or in other ways.

In compiling the historical sketch I have been aided greatly by the writings of my old school-mate Dr. S. A. Knopf, of New York.—W. W. B., 51½ West Sixth St.

Dr. and Mrs. West Hughes have left on a European tour, to be gone several months. It is reported that our good friend Dr. Hughes has cleared \$100,000 in Los Angeles real estate in the past six months, and, as he was a wealthy man before, this makes him independent. The profession of Southern California are universally glad of his good fortune, which is the result of good, keen judgment.

Dr. C. A. Sanborn, of Redlands, has gone for a two months' tour in the East, spending his time in the hospitals of Philadelphia, Baltimore, New York and Chicago.

ELECTRICITY IN THE DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.*

BY ALBERT SOILAND, M.D., LOS ANGELES

The treatment of tubercular disease by electricity has not met with that degree of success, which was predicted for it by the pioneers in the electric field, and as is well known the use of this agent has been largely relegated to the numerous "electricity is life" doctors(?) who infest the newspapers throughout our country.

Of late years, however, it is gratifying to note that with the advent of the new high tension currents, and the more recent experimental researches in physiology, showing the close relationship existing between tissue metamorphosis and electrolytic chemistry, more attention is now given this force, and electricity is being placed upon its proper plane as a valuable adjunct to other rational modes of treatment.

The three forms of electricity which have been used in treating tubercular affections, are, the galvanic, the Faradic and the Franklinic or static, and these have been used mainly for their synergistic action along with other remedial agents, to improve the general condition of the patient, rather than being applied directly with a view of destroying the disease proper.

Recently we have had placed at our disposal, electric currents of extremely high tension and great frequency, mainly through the efforts of Tesla, de'Arsenval and Hertz, and those currents when properly developed, promise to yield better results in the general treatment of tuberculosis, than those formerly employed.

When we consider that these newer currents have oscillations up to one billion per second, and are of such tremendous voltage, that they can be

made to overcome the resistance offered by several persons connected in a circuit, and light up a series of incandescent lamps held between these persons, without being more than perceptibly felt, then we can realize how much better prepared we are to use this wonderful agent now, than formerly. Currents of such force will materially influence nutrition and tissue metabolism, and prove of immense value in treating the malnutrition accompanying general tuberculosis.

There is one form of electric energy however, which in the last few years has attained well deserved prominence, and which has yielded some brilliant results in the treatment of local tuberculosis, and in the early diagnosis of joint and pulmonary tuberculosis. I refer to the Roentgen or X-rays. These rays as you all know are produced in an expanded glass bulb, known as a vacuum or Crookes tube, into which a high potential electric current is discharged by two terminals, the positive or anti-kathode being the inclined platinum plate in the bulb, at which point the negative or cathodal electric stream impinges when the circuit is complete, producing the phenomena known as Roentgen or X-rays. These rays are very composite in character and many varying theories have been propounded, to explain their make up and effect. As they answer the laws of electric variation, however, they are undoubtedly another manifestation of electrical force, and it matters little what their origin is, as long as we can produce them at will, and make them serve our purpose.

It is the value of these rays in the

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

early diagnosis of tubercular affections that I wish to draw your attention to. It is possible to accurately make out cavities and consolidations in the lungs, and an absolutely correct diagnosis of a tubercular joint can be made if properly skiagraphed. Much has been said and written about the fallacies of the X-rays by those who have read glowing accounts of X-ray diagnoses, and who have procured X-ray outfits and failed to get similar results.

The X-rays have no fallacies. These are found with the inadequate apparatus and with the inexperienced operator. The radiographer must accustom himself to the apparatus he uses, and it makes no difference whether a static machine or a coil is used to excite the tube; the tube must be properly excited in order to obtain good results, and most important of all the shadows cast upon the fluorescing screen, or imprinted upon the photographic plate must be correctly interpreted.

A pair of normal lungs offer very little resistance to the X-rays and their density will appear almost uniform, except in the regions covered by the heart, sternum, scapulae and the outer borders, where these parts add their additional volume to be overcome by the rays, and the illumination will of course be a little weaker over these areas.

A consolidation of a part of, or a whole lung throws a well defined dark shadow on the screen. A disseminated miliary tuberculosis appears mottled and irregular, with bright areas between denoting the healthy and over distended alveoli. Softening or caseation shows even a darker shadow than consolidation, and a cavity with distended walls, and empty, appears as a distinct light spot with a dark area around, denoting zone of inflammatory tissue. A cavity filled with pus or blood throws

a dark shadow, and one with collapsed walls does not appear at all unless of considerable size, when it will be seen as a lighter area than that which surrounds it.

Some times when examining a patient we find shadows which appear to be consolidations, but which also disappear when the patient is instructed to inspire forcibly. These are parts of the lung which do not fill properly with ordinary breathing and hence are not as translucent as the parts normally distended with air. These areas have been termed atelectatic zones by Abrams of San Francisco, who is, I believe, the first observer to call our attention to these phenomena. A tubercular joint is often recognized by its peculiar appearance without resorting to the X-rays for a confirmatory diagnosis. The skiagraph of a tubercular joint is characteristic; the loss of sharp definition of the bone with the diffused shadows enveloping the joint are always found.

The treatment of general tuberculosis by the X-rays has not yielded very brilliant results as yet, although many cures are reported and it would appear that with a better understanding of our apparatus, and more thoroughness in its application, we should accomplish, in these cases, much more than formerly.

Though we are not positive as to the exact nature of the changes brought about in the tissues by these composite rays, we find that they possess a peculiar analgesic power which is exerted in nearly all instances when the rays are applied for a definite length of time. They will also often check the irritable cough and render the sputum, first liquid, to facilitate its expectoration, and later, causing its disappearance.

While no direct bactericidal action can be claimed for these rays, yet by increasing the acidity of the

parts traversed, setting free nascent oxygen, they probably inhibit further bacterial invasion, by rendering the surroundings untenable to germ life. The stimulus thus given to the circulation and to the cellular defenders of our body makes it possible to successfully cope with the disease, and by proper synergistic medication effect a cure.

In local tuberculosis or lupus we have almost a sheet-anchor in the Roentgen rays, and the number of permanent cures of this disease that

have been reported by competent operators all over the world, establish the value of these rays beyond the peradventure of a doubt.

Referring to the recent investigations by Professor Loeb of Chicago University, it may be said that modern electricity, as yet in its incipency, removed from charlatanism and devoid of its mysteries, may in the near future help to solve some of the knotty problems of life which have confronted us since the birth of medical science.

TUBERCULOSIS OF THE NERVOUS SYSTEM.*

BY J. H. MCBRIDE, M.D., LOS ANGELES.

The subject of tuberculosis of the nervous system may be divided into the affections of the meninges, those of the peripheral nerves and those of the central nervous structures. Tuberculosis may also affect the bones of the skull and the vertebrae, and by pressure and irritation produce symptoms referable to the nervous system.

Cases of acute multiple neuritis due to tubercular infection have been reported, but this must be rare. In most of these cases there has been an alcoholic element, and it is questionable whether the latter has not been the chief exciting cause.

There is, however, a more chronic and progressive form of neuritis at first local and later becoming more general that is sometimes due to tubercular infection. It is doubtful if this is really inflammatory. It is probably degenerative and due to the general dyscrasia.

We see hints of the possibility of such nerve degeneration from slight general toxemia in the so-called local manifestations of muscular rheumatism, in gout, chronic stomach or liver

disease or even from infection in the use of a catheter. The patient after a night's sleep awakes with sore muscles and tenderness in places where sensory nerves become superficial.

Such attacks are really an involvement of the nerves and is probably a congestive condition of the neurilemma. Any one of gouty constitution knows how suddenly these attacks of muscular sensitiveness with pain on movement may appear and disappear.

That the motor nerves are also involved is shown in the fact that there is always loss of muscular power in the affected muscle. In some cases when the pain, in the shoulder muscles for instance, is acute, there is temporary, though partial, paralysis of these muscles.

Precisely the same condition occurs not uncommonly in tuberculosis; soreness of muscles amounting to painfulness on movement with weakness of those involved, and which, if it persists in one locality, may become a chronic degenerative neuritis,

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

or at least a condition closely akin to neuritis.

In certain cases of neuritis occurring in tubercular cases, examination has failed to show presence of tubercle bacilli in the affected nerves, the presumption being that the neuritis is due to special poison derived from the bacilli.

Tuberculosis may affect the substance of the spinal cord or the membranes, or it may involve the vertebrae, producing caries.

Tubercular tumors of the cord or membranes give rise to the ordinary symptoms of tumor. They may be associated with tuberculosis anywhere in the body, either central or peripheral.

Tubercular tumors of the cord are sometimes multiple. I saw a case of Brown-Sequard paralysis produced by a tubercular tumor of one-half of the cord; this was at least my pathological diagnosis in the case of a phthisical patient.

Tuberculosis of the spinal vertebrae leads to disintegration of bone and paraplegia or to paralysis of arms and legs, if it involves the cervical region.

Tuberculosis of the bone of the spinal column may lead to granulation formations on the membranes producing cord symptoms; or disintegration of bone may lead to displacement, pressure on cord and the symptoms of compression. We then have the symptoms of slow compression; that is, first root symptoms, giving evidence of irritation and later, signs of involvement of the cord with gradual loss of function.

A compression myelitis may be set up from which there may be partial recovery. A patient of mine with caries and some displacement of upper dorsal vertebrae was for a time completely paraplegic from pressure myelitis. Later almost complete re-

covery took place; but two years later a more severe attack caused the death of the patient.

Tuberculosis of the bones of the skull is less frequent than that of the vertebrae.

In some cases of caries at the base of the skull, involving also the axis and atlas, there occurs a loosening of the connections between the skull and spinal bone with dislocation and compression of medulla by the odontoid process.

A favorite seat for tuberculosis of the skull is in the temporal bone. Tuberculosis affecting the middle ear and involving the mastoid and petrous bones occurs not infrequently in children; it is insidious and may cause little pain or difficulty of hearing until the disease is far advanced. The sub-occipital and sub-mastoid glands are frequently enlarged and there may be paralysis of the facial from invasion of the Fallopiian canal. In some cases the entire interior of the petrous and temporal is destroyed, and this may take place on both sides of the head. The minute veins passing through the petrosquamous may become thrombosed and carry infection into the membranes or brain. The minute veins passing between the mastoid cells and the lateral sinus may likewise become thrombosed and thrombosis of the sigmoid sinus occur. In some cases, abscess of the temporal lobe occurs from perforation of the bone just over the tympanum. If it occurs through the bone in the sigmoid groove, abscess of the cerebellum results.

In many other cases, however, there is tubercular meningitis following the middle-ear disease, which leads to a fatal termination before abscess of the brain has time to develop.

In some cases of tuberculosis af-

fecting the middle ear, there is no external evidence of it; the discharge of pus taking place through the Eustachian tube. There may therefore be as a consequence of middle-ear disease from tuberculosis, sinus thrombosis, lepto-meningitis, or abscess, either in the meninges or of the brain or cerebellum. In all cases where the sub-mastoid and sub-occipital glands become enlarged or those surrounding the internal jugular, a careful examination of the ear should be made—many a fatal brain abscess has developed from a neglect of this precaution.

The most familiar manifestation of tuberculosis affecting the nervous system is tubercular meningitis. Tubercular meningitis and meningeal tubercle is not the same thing, for tubercles may be formed in the membranes when there is no inflammation and there may also be symptoms of

cerebral irritation from such tubercles without any inflammatory condition being present.

Tubercular meningitis is practically never purulent. It is often localized at the base; more rarely on one side of the convexity. Tubercular meningitis is generally associated with tuberculosis elsewhere in the system.

The symptoms of tubercular meningitis are too familiar to need to be detailed here. In those exceptional cases in which the convexity only is involved, cranial nerve symptoms are absent and vomiting may not be a conspicuous symptom, while convulsions and delirium are the most prominent symptoms.

Tubercular cerebral tumors sometimes develop. They may attain a certain size and produce distinct symptoms and then remain stationary for an indefinite time.

THE PATHOLOGY OF TUBERCULOSIS.*

BY STANLEY P. BLACK, M.D., LOS ANGELES, PROFESSOR OF HISTOLOGY, BACTERIOLOGY AND CLINICAL MICROSCOPY, HENDRYX LABORATORY, MEDICAL COLLEGE OF THE UNIV. OF S. CAL.

The pathology of tuberculosis is too vast a subject to be exhausted in the limits of a paper such as I have been asked to read here today. Therefore I shall touch only a very few of the more important points of the subject.

The differentiation of the tubercle bacilli from other acid-fast or acid-proof bacilli is one which has been occupying an important part of the arena in bacteriology of late years. The first of these acid-proof bacilli which engages our attention is the *Smegma bacillus*. This organism, occurring normally in the smegma, is a frequent finding in the urine. It is usually said to resist the prolonged

action of alcohol, and Weichselbaum has devised the use of a saturated alcoholic solution of methylene blue as a decolorizing agent and counterstain, instead of the use of an acid followed by a watery methylene blue solution. This is supposed to decolorize the smegma bacilli, but not the tubercle. The majority of bacteriologists agree in the decolorizing effect of alcohol on the smegma organism, although J. L. Miller, of Chicago, in an exhaustive series of experiments, claims to have found that it resisted alcohol almost as well as most of the tubercle bacilli. However, the smegma organism can with a reasonable degree of

*Read at the 29th semi-annual meeting of the Wild, Riverside Co., May 22nd and 23rd, 1902.

Southern California Medical Society, at Idyll-

certainly be eliminated by the use of the catheter in obtaining the urine for examination.

In the past five years a number of other acid-proof bacilli have been discovered, notably that found in butter by Rabinowitsch. She found in over 30 per cent. of 80 samples of butter from the open market that an acid-proof bacillus was present, and this organism produced lesions similar to, but still distinct from those produced by the bacillus tuberculosis. Moeller has likewise found several similar organisms in timothy hay, in dry grass and in manure. Recently Ohlmacher has published a case where a hasty examination led him to pronounce a case tubercular from the presence of an acid-proof bacilli. On closer study, however, he found that it differed in some important aspects from the tubercle bacillus, and cultural and inoculation experiments proved it to be not the bacillus tuberculosis. The differentiation of these various acid-proof organisms from the tubercle bacilli is as yet not a matter which can be easily and simply settled. They are fortunately rather rare occurrences in the sputum, but still we should always be on our guard against their appearance. The only means of differentiation we have at present is by means of animal inoculation. And even here we must not mistake the lesion produced by the organisms of Rabinowitsch and those of gregarinosis for tuberculosis.

In recent years it has also been shown that the tubercle bacillus is not always the simple straight rod as we have all learned to know it, but is frequently branched and indeed, may assume the rosette form, such as we see in the actinomyces. Metchnikoff holds that the tubercle bacillus as commonly seen is only a phase in the developmental cycle of a filamentous fungus.

The identity or non-identity of the human and bovine tubercle bacilli has for the past ten months been Koch's famous paper in London, been a bone of contention. This is a question of vast importance and one not to be settled except by long continued and painstaking experimentation. There are certainly strong points to be cited on both sides. The apparent identity of the processes caused by inoculating rabbits and guinea-pigs with human and with bovine bacilli appears to me to be the strongest point in favor of the identity of the two, while the extreme rarity of the occurrence of primary intestinal tuberculosis in man seems to show either that the organisms are not identical or that the ingestion of tuberculosis milk is a rare source of infection. This leads me to speak of the modes of entrance of the bacilli into the human system.

First and foremost comes the question, Is tuberculosis a congenital affection? There are a few well authenticated cases, some 40 in the human and over 60 in calves, where tuberculosis has been found in the foetus or new-born. This extremely small number of cases, while they show that it is not impossible, still it is so rare as to scarcely be a factor. All of these cases have been due to maternal tuberculosis. Although the bacilli may be present in the semen, there is not a single case cited which proves that such semen can transmit the disease directly to the foetus.

Another vexing question is that of tuberculosis as a result of ingesta. We all know the frequency of intestinal tuberculosis as a result of tubercular patients swallowing their sputum and with this susceptibility of the intestinal tract to infection, we should be led to believe that primary intestinal tuberculosis would be a

frequent occurrence if contaminated foods, such as milk, etc., were able to convey the infection. In several thousand autopsies which I have witnessed, I have yet to see a case of primary intestinal tuberculosis. In a conversation which I had last summer with Prof. Albrecht, of Vienna, he stated that he had held over 20,000 autopsies, and that he had never seen a primary tubercular lesion in the intestinal tract, although he would not deny that such a primary focus might occur. However, experimental pathology seems to show that the bacilli may penetrate the intact mucosa and give rise to tuberculosis of distant organs, notably the lung.

Tuberculosis by inoculation is of comparatively frequent occurrence, and a large number of well authenticated cases are on record. Undoubtedly the main source of infection is by the inhalation of infective material. Dust is present everywhere and with the immense number of tubercular people present in every community who are almost continuously expelling masses of infective matter, either in the act of coughing, or even in talking, it is no wonder that such a large proportion of our population become infected.

This leads me to speak of the wide dissemination of the disease in the human race. It is estimated that of all deaths, 1-7 are caused by tuberculosis. And of those not dying of the disease, a very large proportion, probably about 50 per cent., show tubercular lesions if a careful search is made for them, and probably 99 per cent of these lesions are located in the lungs.

Lesions occur in various organs and vary considerably in character and malignancy. These variations are undoubtedly caused by varying virulence of the bacilli. Years ago Arloing showed that bacilli grown from

tubercular lungs or from sputum when inoculated into rabbits and guineapigs subcutaneously, produced tuberculosis in both animals, while bacilli grown from scrofulous glands and surgical tuberculosis infected guineapigs but not rabbits. Physiological chemistry has not as yet isolated the toxins, but undoubtedly there are a number of them and the variations of the lesions are probably caused by the varying amounts of these toxins. The future of the scientific study of tuberculosis, as of all bacterial diseases, is dependent on advance of physiological chemistry and the present advances of this department is opening long lines of vistas which we as yet but darkly see.

One of the most striking lesions which we meet with in tubercular inflammations is the caseation or peculiar necrosis of the tissue. This is not peculiar to tuberculosis, neither is the formation of the so-called tubercles, but these may occur in other processes, notably lues. Caseation occurs in the center of the tubercles, but may occur as has been pointed out by Le Count, without the presence of histologic tubercles, i. e., it is caused not by the lack of blood supply, but is due to certain of the toxins secreted or produced by the bacilli. The most common form of tuberculosis is the chronic, where the smaller tubercles unite and form conglomerate tubercles. These break down or caseate in the center and the caseation finally extends to a bronchiolite, and the secondary infection with other organisms, staphylococci, streptococci, occurs, so that from this on, the clinical picture is that of a mixed infection. A productive inflammation occurs in the neighboring tissue and extensive consolidation of the lungs supervenes. Cavity formation occurs. Some few years ago Prudden conducted a most interesting series of

experiments showing the relation of infection with streptococci pyogenes to the experimental formation of cavities. He says: A large proportion of these lungs which had been the seat of concurrent infection with the tubercle bacillus and the streptococcus showed, in addition to the lesions of a tuberculous broncho-pneumonia, a most remarkable formation of cavities. Nine (9) lungs out of thirteen (13) were, as has been stated, considerably consolidated and eight (8) out of these consolidated lungs showed cavities in various phases of development. These cavities are due to the softening and absorption of the necrotic cell masses or the cheesy centers of the areas of tubercular consolidation artificially induced. They run in size from that of a pinhead to those involving nearly a whole lobe. In some cases there is one cavity; in others a series of communicating chambers crossed by cords and bands of old lung structures. They all communicate with the bronchi and can be filled with fluids through the bronchi. A few are lined with remnants of bronchial epithelium. They may be surrounded with little or much consolidated lung tissue, or, in fact, closely resemble the cavities which are prone to form in human beings in acute phthisis. The softening may begin as early as twenty-four hours after the introduction of the streptococcus. It may involve the tubercular foci as small as two millimeters in diameter or those occupying a whole lobe. The cords and bands stretching across these cavities usually contain a bronchus and its surrounding connective tissue. The necrotic centers of the consolidated areas may within twenty-four hours begin to become friable and loose in texture, or the central portion of the necrotic mass, retaining its coherency, may become sequestered and loosened from the surrounding

solid lung tissue. Then disintegration of the necrotic mass proceeds rapidly, with disappearance of the detritus, apparently from absorption, leaving a cavity bounded by whatever form of tissue composed the outer zone of the consolidated area involved. If the tubercular lesion were advanced so that the outer zones were fibrous, as in the rabbit may happen within two or three weeks, then the walls of the cavity may be fibrous and lined with an irregular layer of cell detritus. If, on the other hand, the particular tuberculous mass were composed in its outer zones of densely packed epithelial cells, or of these with more or less new-formed stroma, or of a zone of dense living tissue infiltrated with spheroidal cells, then the wall of the new-formed cavity has one or the other of these structural characters. Cavities forming close beneath the pleura may have dense fibrous walls containing many old and new formed, often dilated, blood vessels."—Prudden.

From foci of chronic tuberculosis the process may be disseminated by means of the bronchi. Masses of infective material gain access to the bronchi and may be aspirated into the other branches and so give rise to new foci. Again a focus may rupture into a lymph vessel and be spread far and wide by means of the lymphatic and blood streams, thus giving rise to acute miliary tuberculosis. Thus we have the various clinical aspects accounted for by the varying pathological processes.

Death results either from secondary infection with streptococci, staphylococci, or from the overwhelming absorption of the toxins as in acute miliary tuberculosis.

Dr. Van Zwalenburg, of Riverside, has just received an elegant electric automobile.

THE PREVENTION OF TUBERCULOSIS—A PLEA FOR MUNICIPAL AND STATE ACTION IN PROVIDING SANATORIA FOR THE POOR, AND FOR MORE THOROUGH DISINFECTION.

BY HILL HASTINGS, ASSISTANT SURGEON, U.S.M.H.S.

It may be of some interest to this Society to briefly state what action has been taken towards the handling of tuberculous American seamen, under the jurisdiction of the United States Marine Hospital Service; and further to give some description of the disinfection methods practiced at our tuberculosis Sanatorium, and at the other regular stations of the service.

The U. S. Quarantine Regulations name the infectious diseases, the presence of which aboard ship require disinfection, as follows: Cholera, yellow fever, small pox, typhus fever, leprosy and plague. Tuberculosis is not considered in the regulations which affect all vessels from a foreign port that desire to enter ports of the United States. However, by order of the Surgeon-General, the forecabin of any American vessel from which a tuberculous American seaman has been taken, should be disinfected in accordance with specific regulations.

Over 60,000 seamen of the U. S. Merchant Marine are treated annually at the stations of the Marine-Hospital Service. The history of tuberculosis among sailors has not differed from that in private practice. Segregation in a sanatorium became a necessity for two reasons, first, to secure better results in treatment; second, as a preventive means against the spread of the infection. Fort Stanton, N. M., was selected as the best site for a sanatorium and this property was turned over by the War Department to the Marine-Hospital Service. A

sanatorium has been built, and to this American seamen afflicted with tuberculosis have been sent from different ports.

It is not within the province of this article to discuss sanatoria; but to emphasize the establishment of a sanatorium where tuberculous patients can be segregated, as the first desideratum in looking to the prevention of tuberculosis.

The army has a similar institution. What the United States Government does for those over which it has a natural jurisdiction, each state and municipality, or county, should do for its pauper consumptives. The well-to-do, and even those of moderate means, are already learning to make use of the many private sanatoria built in the last few years in this country. In so doing, much good is undoubtedly accomplished towards the prevention of tuberculosis, as well as better results in treatment.

Some have advocated the assumption of greater power by the Federal Government in dealing with tuberculosis, in view of the widespread extent of this disease. Those in authority, however, have deemed it best to limit Federal action to those health matters over which National jurisdiction obtains.

What is done with the tuberculous American seaman? Every sailor must present a certificate of service from the master of the vessel in which he is serving or has last served, before he is entitled by law to the privilege of the Marine-Hospital Service. Fur-

*Dr. Hastings was detailed by Surgeon General Wyman of the Marine-Hospital Service, to represent the service at the twenty-ninth semi-annual meeting of the Southern California Medical Society, held at Hollywood, May 22 and 23. This paper was read in compliance with the unanimous request of the Society.

thence his certificate must show that he has not been out of service over sixty days, immediately preceding the application for treatment. If his records are correct, he is admitted for treatment. If an examination shows that he is tuberculous, an application is at once made to the Surgeon-General stating the case and requesting the transfer of the patient to the Fort Stanton Marine-Hospital Sanatorium. The fore-castle, or other apartments of the vessel from which he came, is disinfected in a manner to be detailed later. Governmental transportation to Fort Stanton is given on receiving authority from Washington. A suitable spit-cup is provided for him, in the use of which he is instructed; and a copy of the clinical record is forwarded to the medical officer in command at Fort Stanton.

In this manner hundreds of seamen have been sent to this sanatorium. It relieves the coast stations of the danger from infection arising from their treatment along with other patients, and gives the seamen the advantages of a sanatorium and of a suitable climate. It is not compulsory for them to go; but practically no one fails to avail himself of the chance to get well. In watching those who have been treated at the sanatorium, another advantage has become apparent, namely, the training each has received in careful disposition of his sputum, with a better knowledge of its danger to himself as well as to others, and a nicer regard for the welfare of others.

What method of disinfection is recommended? As for the fore-castle or other apartment aboard ship, the method of disinfection required is as follows:

1. Thorough mechanical cleansing of floors, walls, and bunks with hot water and concentrated lye.
2. Wetting floors, walls and bunks

with a liter of the following solution:
 1—Sulphuric acid 1 part; water 10 parts.

2—Corrosive sublimate, 1 part; hydrochloric acid, 2 parts; water 100 parts.

Fore-castle should be painted or whitewashed after disinfection when practicable.

This method is simple, practical and effective, and obviates the necessity of sending the vessel to a National quarantine station, which may not be near at hand.

The rooms or wards at the stations where the consumptives are treated before sending to Fort Stanton, are disinfected in a manner similar to the above. The clothing, bedding and other possibly infected fabrics, are steamed for thirty minutes under pressure in the Kinyoun-Francis steam disinfecting chamber, in use at our stations. At Fort Stanton, the same method of disinfecting rooms, clothing and bedding is practiced; wards are regularly disinfected by sulphur fumigation, bi-chlorid mopping and re-calcimining. The sputum is collected in sputum flasks of the Thomas-Cobb pattern, and once a day the flasks are put in a steam sputum sterilizer and subjected to super-heated steam for thirty minutes. The contents are thus sterilized and the flasks are then washed out. Photograph No. 1 shows the sputum sterilizer with the flasks placed in tin cups. Paper spit-cups are also used; these are of course burned.

A brief description of the Kinyoun-Francis Steam Chamber may not be out of place. This steam chamber has been adopted by the Government for use at the National Quarantine stations, and on the disinfecting steamers which were built by the government. Steam chambers of smaller size are in use at the Marine-Hospitals and at several municipal disinfecting plants.

photograph No. 2 shows a steam chamber large enough to admit mattresses. Nos. 4 and 5 show the interior and exterior of the municipal disinfecting station at Washington, D. C., and indicate how small an outlay of money is necessary to provide a large city with an efficient disinfecting plant. No. 6 shows the steam chamber with formalin apparatus attached, suitable for hospital or sanatorium use. No. 7 shows the formalin autoclav for room disinfection. The small pamphlet of illustrations shows views of two disinfecting steamers recently built by the service. The working of the chamber can be readily understood from the photographs. The steam is admitted to the jacketed space between the outer and inner plates, while the clothes, bedding, etc., are being placed in the interior of the chamber. The doors are closed and a vacuum of from fifteen to twenty inches produced, by sucking out the air from the interior through a pipe connecting with the escape steam pipe; when the vacuum is produced, the escaping steam is cut off and the steam turned into the interior of the chamber for twenty to thirty minutes. The steam is then sucked out from the interior as was the original air, and while this vacuum is maintained, the heat in the jacket rapidly dries out the clothing, bedding, etc., which can be removed in five minutes perfectly dry. The formalin apparatus is attached to the chamber, so that formalin gas can be used instead of steam when the latter might damage materials, such as colored articles. The most delicately colored silks can be disinfected without damage by the use of the formalin in the chamber. The formalin mixture is made as follows:

Formalin (40 per cent. solution of
the gas).....100 parts
Calcium chloride..... 20 parts

Glycerine 10 parts

This mixture is poured in the small boiler and heated by coils of steam pipe; the formaldehyd gas is driven off and collected in the reservoir. When the gas accumulates sufficient to show a pressure of 100 pounds on the pressure gauge, the gas is turned into the chamber, where a vacuum has been produced in the manner stated above. Thus the penetration of the fabrics by the formaldehyd is better secured as there is little or no air to fill up the interstices. Also the disinfecting action of the formaldehyd in the hot chamber is proved to be stronger than when no heat is used.

The working of the chamber is easy and the disinfection is thorough. In fact it has been found by experiment at the Hygienic Laboratory of the Service, to be impossible to thoroughly disinfect mattresses, thick quilts, pillows, etc., without some such steam apparatus. The only other efficient method of disinfecting the above named articles is complete destruction by fire.

How far is it practicable for a county or city to look after its consumptives?

The establishment of a municipal or county sanatorium for pauper consumptives is the first necessity. Suitable sanatoria for a beginning need not cost much. In sanatoria, disinfection can be practiced efficiently along the lines above given. The chief cause of the contagion, namely, the sputum, can be safely disposed of. The use of spit-cups of some pattern will readily be practiced in sanatoria, and such cups can be thoroughly disinfected or burnt daily.

But it is unquestionably true that the great majority of tuberculous patients will not be found in sanatoria, but in their homes, boarding-houses, hotels, and cheap rooming-houses, in stores, offices and other buildings.

They are more or less careless of their sputum in proportion to their ignorance and their disregard of the welfare of others.

Dr. T. Mitchell Pruden, an accepted authority, states that if all discharges from tuberculous patients were destroyed at the time of exit from the body, the greatest danger of communication would be removed. It is an accepted fact that tuberculosis is a preventable disease and could be stamped out if this destruction could be absolutely carried out in every case. The use of sputum flasks and careful disinfection of the same is highly desirable, but I doubt whether any but the very intelligent (and a small proportion of that class) will ever regularly use the sputum flask, except when living in sanatoria.

It is necessary then to do something towards the disinfection of the sputum and the rooms and materials infected by means of the sputum of careless consumptives. Unless the measures are practical and easy to be taken, little if any good will result.

What can be done with the sputum? Those living in sanatoria and hospitals should be required to use sputum flasks, and the contents should be daily disposed of in some such efficient way as indicated above. The spitting on the streets and floors of public places can be stopped by city ordinance, now enforced in many cities. Some consumptives may be persuaded by their physicians to use pocket sputum flasks; others may be persuaded to take each morning with them a supply of small Japanese paper handkerchiefs, and use one at a time when coughing or spitting. When soiled the small piece of paper should be rolled up and placed in a separate pocket, or better, in a rubber tobacco pouch, and on his return to his room or house, the soiled napkins can be

burnt and the pouch, when used, soaked in carbolic solution. The habit once acquired, it is said, very little inconvenience results. When without the paper handkerchiefs, they should be advised to use a piece of newspaper, which must then be burnt, either in a fire or by matches. If a closet is convenient, and if there be a water sewerage system, it may be used in an emergency. At places of business and in the homes, consumptives should be urged to keep cuspidors, half filled with plain water and urged to use these and have them emptied in the closet and scalded daily. Disinfecting solutions in the cuspidors are slightly better than water, but it is difficult to remember to make up solutions daily, and some won't take the trouble; besides they may be a source of danger in making consumptives place too much reliance on their disinfecting qualities. Thus, a cuspidor half full of bi-chloride or carbolic solution, and tubercular sputum may be emptied in the back yard, on the assumption that the sputum has been disinfected, when the solution will soak into the ground leaving the sputum often as dangerous as when expectorated; for it is well known, that no disinfecting solution can be depended on to enter the thick masses of sputum of a consumptive.

I realize that the above measures are not at all perfect. This much may be said for them, possibly, that they are practical and therefore may be the more readily carried out, resulting in some good in the better disposition of tuberculous sputum. If the time ever arrives when all tuberculous discharges will be destroyed at the time of exit from the body, there will be no more infected rooms, carpets, mattresses, pillows, etc., in which tuberculous sputum has soaked, to infect the next occupant of the

room and bed, and thus pass the disease along. Until that time arrives, we must rely on the more thorough disinfection of living rooms and beds if the spread of the disease is to be restricted. It is well to bear in mind that dried tuberculous sputum is the chief source of the spread of infection.

What can be done towards disinfection of infected living rooms? The health department of every town of any size should be equipped with a municipal disinfecting plant. Some such plant as shown in photographs four and five, does not cost much, not one-half the cost of an ordinary fire-engine house. Most frequently the city fails to provide its health department with any apparatus for efficient work. The cities of the East, however, are being much better equipped. At such a plant, mattresses, thick quilts, carpets, pillows, etc., can be thoroughly disinfected without damage, and they can not be disinfected by the ordinary fumigation with formaldehyde or sulphur in the room, as is usually practiced. This has been proven by actual experiment. Such fumigation is fairly good for exposed surfaces only. When properly equipped, and one steam chamber would be a sufficient beginning, and when the department could demonstrate that effective work can be done without damage, it is likely that many physicians would urge their families to have rooms vacated by consumptives, renovated, and advise that such articles as can not be boiled be disinfected by the health authorities.

It is stated by those who have made the practical experiments, that the dust of rooms and houses, inhabited by consumptives, is usually infected with tubercle bacilli. It is held that the infected dust is the chief means of the spread of tuberculosis.

Circulars to physicians and others, issued by the Health Department would likely stimulate a desire on the part of householders and boarding-house-keepers to take the necessary precautions. Mechanical cleaning of the floors, walls, ceiling and furniture, followed by repapering or calcimining, should be advised.

For those institutions over which the city or county has jurisdiction, as well as cheap lodging-houses and the like, suitable regulations relating to renovation and disinfection should be enforced by city or county ordinance.

After five years' experience with more or less quarantine work, and some little experience ashore in assisting in the disinfection work in the South in smallpox and yellow fever epidemics, I frankly admit that the difficulties in municipal work are largely different from those in service work. Besides conditions vary in different communities. Therefore, I have hesitated to lay down any hard and fast rules, believing that a board of health, or a committee from a medical society, imbued with the desire to improve the effectiveness of its municipal disinfection, is more capable of formulating rules for its own community or section.

The people should be taught to realize that there is a preventable, contagious disease in their midst, carrying off annually in the United States over 150,000 victims, a plague to which, it is proved by mortality statistics, one in every seven of us will succumb. At the same time they should be assured of the possibility of greatly limiting the spread of the disease by the use of sanatoria and more thorough disinfection of their living quarters.

Dr. Broughton, of Oxnard, is building a combined home and office, which will give him excellent facilities.

TUBERCULOUS ADENITIS.*

BY A. S. PARKER, M.D., RIVERSIDE.

Tuberculous infection of the lymph glands is a disease occasionally met with at all ages, rarely seen in early infancy and old age. Most common between the ages of three and ten years. A disease which we are all accustomed to see, more or less frequently.

Formerly termed scrofula, as a distinct disease and even now holding the same name, but with an entirely different understanding regarding its causation, and knowledge that it is simply a local form of the great enemy of mankind—Tuberculosis.

Before the discovery of the tubercle bacilli, and finally its identification in caseous lymph glands, it was not believed that there was any connection between scrofula and consumption. Though the exciting cause of the condition is the tubercle bacilli, there are other necessary and important factors, local and constitutional, for as one eminent authority writes, "The tubercle bacillus is ubiquitous, all are exposed to infection, and upon the local conditions, whether favorable or unfavorable, depend the fate of those organisms which find lodgment in our bodies." Prominent among local predisposing causes of tuberculous infection of the cervical lymphatics are adenoid growths in the naso-pharynx and hypertrophied tonsils. And then as a general or systemic state which predisposes the child to tubercular infection, we have that hereditary or acquired tendency or susceptibility, which we are in the habit of speaking of as the strumous or tubercular diathesis.

It is the purpose of this paper to deal simply with local tuberculosis as found in the cervical, axillary and in-

guinal regions, not including tuberculosis of the bronchial and mesenteric glands.

The glands of the cervical region are by far the most frequent seat of the trouble. "In 155 cases of tuberculous glands in the series reported by Treves, those of the neck were the seat of disease in 145 and the only seat in 131, those of the axilla were involved in 17, but alone only in 4, the groin in 8, and alone in 6." This shows a very intimate association of the disease with infection through of upper respiratory tract.

The course of this glandular tuberculosis if not radically treated and in some cases in spite of the best of treatment, is essentially a slow and chronic one.

There is noticed in some of the cases an early tendency to caseation and abscess formation, though the simple evacuation of the curdy pus by no means ends the trouble, as a fistula will then be established which continues to discharge for a long length of time; in other cases there is an excess of fibrous tissue, and the gland remains hard and indurated and is very slow to break down, and in all cases there is a tendency to enlarge or involve neighboring tissues.

Now a very important question in regard to scrofula is: Is it likely to eventuate into pulmonary tuberculosis, or acute general tuberculosis? Dr. Holt in his text-book on diseases of children says, "It is a matter of surprise that so few of these children ultimately develop general tuberculosis." Treves says, "The percentage of those who fall victims to diffused tubercular disease is so small that the

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside, Cal., May 22nd and 23rd, 1902.

probability of that disease may be put out of the question," and that to urge the prevention of phthisis as an argument for operation "is unworthy of consideration." On the other side, Dr. William Osler states that "the existence of an unhealed focus of tuberculous adenitis is a constant menace to the organism. It is safe to say that in three-fourths of the instances of acute tuberculosis the infection is derived from this source." And I believe that we must associate ourselves with the view that tuberculosis is a menace even though it is confined to a few lymph glands. It is then more amenable to attack, and if possible we should "therefore think him as a serpent's egg, which, hatched, would as his kind grow michievous, and kill him in the shell."

In a case of tubercular adenitis, we should recognize that we have a serious malady with which to contend. That it is a local disease and is usually cured, that a child's reconstructive energies are great, are elements of strength which should urge us on to interest and constancy in behalf of the case, rather than carelessness.

Only a few weeks ago I saw a young woman in apparent good health develop acute general tuberculosis and die in a short time; she had had enlarged cervical glands for some years, and the more fatal disease was probably contracted from that source. Our treatment should be hygienic, medical and surgical; a scrofulous child should always be comfortably dressed, sleep in a well-ventilated room, live out of doors as much as possible, and every effort made to have him eat and assimilate as large a quantity of good, wholesome food as possible, avoiding such articles of diet as may disturb the digestive process. The medical treatment is of importance, and should be directed toward keeping the digestive function in a healthy

state, combating anemia and for alterative effect. Medicines which have been largely used, and all of which are useful at different stages of the disease are: Cod-liver oil, syr. iodide of iron, preparations of iron, phosphate of calcium, quinine, etc. But after we have applied our hygienic regulations and medicine for a length of time, very likely the little patient's general physical condition will be improved, yet the infiltrated tubercular gland is still a condition to be dealt with. It may persist as one or more hard and indurated growths, fixed, or at times quite freely movable; it may have undergone cheesy degeneration and abscessed, and evacuated either spontaneously or have been lanced, to be followed by a fistula or an ulcer, which will be slow to heal.

Now in cases of this kind, where the local disease process persists, we can, in most instances, resort to surgical procedure with confidence of success. There are two methods employed, namely, erosion, or scooping, and excision. Erosion is preferable where only one of two caseated lymph glands exist; incise the mass and with the Volkman spoon scrape out the diseased tissue as thoroughly as possible. This method is also a good one where there are fistulae leading to old glandular abscess cavities, and for treating the bases of ulcers. But where the glands are hard and indurated, or where the mass is extensive and a number of glands are involved, excision is to be preferred: this requires care and patience, but by a careful blunt dissection, keeping always on the edges of the diseased gland, very large masses can be safely and thoroughly removed.

By resort to operation, I think we will in a certain proportion of cases save the little one from tuberculosis of other organs; we will avoid un-

slightly scars which result from ulceration, and we will place the patient in a position to quickly regain sound health.

TUBERCULOSIS OF CHILDHOOD WITH ESPECIAL REFERENCE TO INFECTION.*

BY F. M. POTTENGER, PH. M., M.D., LOS ANGELES, CAL., FORMERLY ASSISTANT TO THE CHAIR OF SURGERY IN THE CINCINNATI COLLEGE OF MEDICINE AND SURGERY, CINCINNATI, OHIO.

What can appeal to the human heart more than the helplessness of little babes? During the first years of life they are utterly unable to care for themselves. Prolonged infancy is one of the features which characterizes the human race and distinguishes man from the lower order of animals. It imposes upon parents and guardians a great responsibility and furnishes them with the most serious problems that confront them during life.

During the period of infancy countless multitudes perish. The total number of deaths in the city of New York (1) for the years 1890-92, inclusive, was 128,136; of this number, 32,916, or 26 per cent., died during the first year, and 43,463, or 34 per cent., before the end of the second year.

Holt (2) says: "Statistics from America and Europe show that in all large cities infant mortality has been steadily increasing for the past twenty-five years. This is due to many causes; overcrowding, neglect and unhygienic surroundings. But more important than all, is artificial feeding as at present ignorantly practiced. In my experience it is rare to find a healthy child who has been reared in a tenement house, and who has been artificially fed from birth."

This statement, coming from an un-

questioned and unquestionable authority, speaks volumes and makes us pause to ask: "Can nothing be done to save these lives? Can nothing be done to alleviate this overcrowding; to make it unnecessary and undesirable for poor mothers to neglect their little ones? Can not their homes be made to conform to the laws of hygiene, and can not they be taught how to care for their innocent babes?"

Sad as it is to think of this vast multitude of babes passing to their untimely, and in many, many, instances, unnecessary death, this does not tell us all. These die and put an end to suffering, but there is also a vast number who live. They manage to struggle through somehow, but are stunted and dwarfed, and partially unfitted for the struggle for existence which lies before them. They fall an easy prey to disease, feeding every epidemic that comes their way; and the strange thing is that any escape.

While the poverty of the mothers, aside from their ignorance, is accountable for the lowered resistance and frightful mortality among the children of the slums, ignorance alone can account for it among the children of the well-to-do.

The greatest percentage of deaths occurs among the children of the poor, but the children of those in better circumstances by no means escape. Most infants are improperly cared

(1) Holt: *Infancy and Childhood*, p. 40.

(2) Holt: *ibid.*

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

for, and, if they live, suffer on account of the ignorance and neglect of their parents. The child is not only improperly fed, but improperly clothed, deprived of fresh air and kept constantly excited. He protests by a failure to grow and thrive as babes should, but to no avail. The mother holds him in her arms, carries him about, walking the floor, and wondering why, with all the attention baby is receiving, he does not do well. The truth is that baby is suffering from too much attention. All he needs is good, suitable food and a regularity in giving it; fresh, pure air; light, warm clothing; a daily bath; and then to be let alone except for an occasional change of position and out-of-door excursions.

The inability of some mothers and the neglect of others to give their children proper attention accounts, in great part, for the weakened constitutions which are so prevalent in the young. They fall an easy prey to disease. Already in the third quarter of the first year and throughout the second year we see tuberculosis, that disease which finds a lowered resistance to be its opportunity, causing quite a proportion of deaths among them.

Bollinger (3) reports post-mortems on 500 children up to the 15th year of age; tuberculosis being found 218 times, or in 44 per cent. of the cases.

Heubner (4) gives the following instructive statistics from his own clinic, which show the relative number of cases of tuberculosis in the various years of childhood:

Of 844 children from birth to 3 months old, 0 per cent. suffered from tuberculosis.

Of 218 children from 3 to 6 months old, 3.6 per cent. suffered from tuberculosis.

Of 93 children from 6 to 9 months old, 11.8 per cent. suffered from tuberculosis.

Of 75 children from 9 to 12 months old, 26.6 per cent. suffered from tuberculosis.

Of 453 children from 1 to 2 years of age, 14.2 per cent. suffered from tuberculosis.

Of 367 children from 2 to 3 years of age, 13.4 per cent. suffered from tuberculosis.

Of 306 children from 3 to 4 years of age, 11.1 per cent. suffered from tuberculosis.

Of 470 children from 5 to 7 years old, 7.4 per cent. suffered from tuberculosis.

Of 682 children from 7 to 10 years old, 5.0 per cent. suffered from tuberculosis.

Holt (5) reports 319 consecutive post-mortems in the Babies' Hospital in New York to have shown tuberculosis present 44 times, making 14 per cent. of the cases.

These statistics would be more valuable if they included patients of all conditions of life, taking in the well-to-do along with the poor; but allowing for this, they teach very important lessons. They show us that children are exposed in an unusual degree to the germs of tuberculosis; and, also, that those born free from the disease show a tendency to contract it which increases up to the end of the first year of life and then gradually decreases as the child grows older.

When inquiring into the cause of this frequency of infection, it must be remembered that the child's resisting power, when in a state of health, is much lower than that of adults. It is said (6) that it takes from eight to thirty tubercle bacilli to infect a guinea-pig. If resistance were the same in the guinea-pig and the child,

(5) Holt: *Infancy and Childhood*.

(3) D'Espine: *Annales, des. med. et de chir. infantil.* Sept. 1900.

(4) Heubner: *Zur Verhütung der Tuberkulose in Kindesalter.* "Berlin Congress." 1899.

(6) Wright: *Some Critical and Desultory Remarks on Recent Laryngological and Rhinological Literature.* N. Y. Med. Jour., June 24, 1899, p. 873.

and it were simply the question of weight, it would perhaps require from ten to twenty times the number of bacilli to infect the latter that it does to infect the former. While a comparison of this kind is crude, yet it is not without some value. Remembering that a person with a fully fledged case of consumption will cast off many millions of bacilli a day—as many as seven billions, says Knopf (7)—and remembering how many hundreds of bacilli we sometimes see in a single field of the microscope, which would represent only the tiniest speck of sputum, we can see how these little children, with their immature tissues, are endangered.

The prevalence of infection among children is so general that we can safely say at least one-half of all children are infected. The most common seat of infection in childhood is the glands. Cornet (8) cites the following statistics:

Babes, during a service of eight years in the Children's Hospital of Budapest, found the lymph glands affected in more than one-half of all cases that came to post mortem.

Mueller, in 500 autopsies on children from birth to fifteen years of age, found tuberculosis of the lymphatic glands 126 times—the bronchial glands being affected 103 times.

Neumen, in 142 sections on children from birth to fifteen years of age, found tuberculosis of the bronchial glands 46 times.

Blos (9) cites the investigations of Volland, who examined 2506 Swiss school children with reference to the state of the cervical lymph glands. Of this material, 96 per cent. of those between the ages of 7 and 9 years

showed enlargement of these glands, which, in all probability, was tubercular in the majority of instances.

The great mortality which carries off 26 per cent. of all children born before they reach the age of one year; and 46 per cent. before the age of fifteen has been reached, as is true in the city of New York, must of necessity be accompanied by a much greater morbidity, which lowers vitality, decreases resisting power and renders these little ones prone to infection. While we know that such a morbidity and mortality is not general, nevertheless, the same is true only in a lessened degree throughout the country.

It is a sad truth that the number of mothers, who are able and willing to nurse their babes, is decreasing every year. Instead of being fed upon the one thing intended for them—mother's milk—they are deprived of this and forced to take their food from sources which are open to every form of contamination. Oftentimes, too, they are fed upon milk and milk mixtures which are not at all suited to their digestive powers. So we find children soon after birth suffering from digestive ills, which, if not attended to at once, pass on to subacute and chronic conditions which undermine their constitutions. The weakest die off. Those a little stronger manage to exist a little longer, but their vitality becomes lower and lower, so that when the second year has been reached, many of them yield to the destroyer. Thus the second summer has justly come to be dreaded. Anxiety on the part of mothers and guardians during the first year should make the second summer little, if any, more to be dreaded than any other.

There is a connection between these stomach and bowel troubles in children and the outbreak of tuberculosis which seems to be more than co-

(7) Knopf: "Prophylaxis and Treatment of Tuberculosis," p. 35.

(8) Cornet: Die Tuberculose, s. 178.

(9) Blos: Mittheil aus die Grenzgebieten der Medizin und Chirurgie, 1899, No. IV.

incidence. By the end of the first year the former has undermined the constitution and the latter begins to make itself very evident, as is shown by statistics cited above; and, by the end of the second year, tuberculosis has caused a large proportion of deaths.

The factors which predispose to tuberculosis in children are about the same as in adults.

Bad hygiene is here found at its worst. Children from birth are apt to be coddled. The mother fears that, if the air were to strike them, they would be made ill, so they are kept in a stale atmosphere where there is no wind to harm them and no oxygen to furnish them life. Baths are neglected for the same reason and clothing is piled on until they can hardly breathe for the burden.

Instead of this over-zeal on the part of mothers preventing their children from contracting colds, it makes them all the more susceptible. The delicate mucous membranes of the upper air passages are injured thereby and frequent attacks of coryza, bronchitis and not infrequently pneumonia follow.

These weakly children nearly all suffer from enlargement of the lymphoid tissue of the throat and pharynx, which interferes with normal respiration and makes the little ones prone to repeated attacks of inflammation of the upper air passages. Dr. Kerley stated in a lecture before the class at the New York Polyclinic that he had examined fifty consecutive cases in one of the children's hospitals and had found adenoids which required operation in forty-seven of them. Profs. Stubbart and Loomis (10) in discussing the relation of interference with physiological respiration to tuberculosis, says: "One of the most common predis-

posing factors to the successful inroads of the tubercle bacillus in the lungs is a diseased condition of the upper air passages. Perhaps the most powerful of these is bad nasal ventilation, such as may be caused by adenomata, nasal spurs, etc., which induce the patient to breathe through the mouth."

We find it almost unnecessary in this age of medical advancement to emphasize the evil effects of nasal stenosis, for we are all more or less familiar with them. We have seen the illy-shapen chests; we know the dull, listless appearance given to these sufferers, their weak memories, their inability to concentrate their minds and their general nervous condition. We have also noted the effect on hematogenesis as shown in their pale, blue, transparent, anaemic skins. We have also noted these disappear, either wholly, or in part, when the stenosis was corrected, according to the earliness and successfulness of the operation.

While these conditions of themselves are strong predisposing factors, yet there is a more direct effect resulting from these conditions which we must notice, and this brings us to the discussion of the mode of infection in tuberculosis.

For years it was believed that the manner in which the bacilli entered the lungs was directly through the air channels. Was this not natural when the lungs were usually the seat of infection? Today this theory is not only questioned, but the weight of evidence seems to be against its satisfactorily accounting for the majority of infections. Investigation seems to prove beyond a doubt that infection takes place most commonly through the lymph channels.

Experiments have been made by Wright (11) and others with dust to

(10) Stubbart and Loomis: "Tuberculosis," *Sajous Annual*, 1901 Vol. VI. p. 457.

(11) Wright: *New York Medical Journal*, Sept. 21, 1895.

ascertain how much of it could be inhaled into the lungs, and it was found that very little passed beyond the larynx; most of it collecting upon the vibrissae and mucous membrane of the nose. As soon as the dry particles of dust reach the nasal cavity, they come in contact with moisture, are precipitated upon account of this moistened condition, and are thus retained until expelled by the process of sneezing or blowing the nose. The same thing happens with bacteria. Instead of passing on through the nose and other upper air passages, they are precipitated upon the mucous membranes and then either cast off or they pass on into the lymphatics.

Through the lymphatics the bacilli are carried to and deposited in the cervical and bronchial glands. Wright (12) says: "We must assume at present that the tubercle bacillus passes into the lymphatics through the mucous membrane of the naso- and oro-pharynx in a very large proportion of the cases of pulmonary infection." In the discussion of glandular tuberculosis, or scrofula, Ponfick (13) recognizes the importance of the nose and throat as ports of entry. For, says he: "Experience at once teaches us that these glands are attacked where the especial areas of ramification of afferent vessels are most exposed to contamination with the bacillus." And again: "In the case of permanent enlargement of the cervical glands, a safe general rule would be to first assume that the primary lesion is seated in some one of the mucous membranes of the facial cavities, the air passages, etc."

That the tubercle bacillus can enter the body through an intact mucous membrane without producing tuberculosis of the same there is no doubt.

Wright (14), Holt (15); but that catarrhal conditions predispose to and aid in such entry is self-evident. Osler (16) says: "A special predisposing factor in lymphatic tuberculosis, is catarrhal inflammation of the mucous membranes, which in itself excites slight adenitis of the neighboring glands." Arrowsmith (17) also says: "While catarrhal conditions of the nose and naso-pharynx never directly 'run into consumption,' as the laity express it, they assuredly do increase the liability to it."

I have now quoted authorities to prove that the nose and throat are important ports of entry for the tubercle bacillus and to show that a catarrhal condition of these mucous membranes facilitates such entry. I have also drawn attention to the relation between digestive ills and infection. There still remains one link in the chain to be supplied—the explanation of the relation between this glandular affection and pulmonary tuberculosis.

When once the glands are the seat of tuberculosis, the process may quiet down and produce no more trouble; or it may remain latent for years and then become active, or it may break down immediately; but, whatever happens, it cannot be looked upon otherwise than as a source of danger to the patient. The bacilli when once free find their way through the lymph and blood channels to other parts of the body, usually the apex of a lung, and there being strained out by the small vessels, start up a tubercular inflammation of the lungs.

Baumgarten (18) in a series of experiments inoculated animals with tubercle bacilli through injections

(14) Wright: *Med. News*, Jan. 19, 1901, p. 85.

(15) Holt: *Infancy and Childhood*, p. 1020.

(16) Osler: *Practice*, p. 205.

(17) Arrowsmith: *Med. News*, Oct. 12, 1901, p. 576.

(18) Baumgarten: *Wiener med. Wochenschrift*, Nov. 2, 1901, p. 249.

(12) Wright: *Medical News*, Jan. 19, 1901, p. 85.

(13) Ponfick: *Allgem. med. Central Zeitung*, Dec. 29, 1900. Translated in *Journal of Tuberculosis*, Vol. III, pp. 128-9.

into the uninjured urethra and bladder, under the skin and also into the chamber of the eye. Whatever the place of inoculation, provided not too large a quantity of bacilli were used, the result was the same—an infection of the apices of the lungs. When a large quantity of bacilli were used or the injection was made into a vein, miliary tuberculosis was likely to follow. The special localization of the process in the apices he accounted for by the deficient functional activity of these parts.

Osler (19) says: "It is safe to say that in three-fourths of the instances of acute tuberculosis, the infection is derived from this source (unhealed focus of tubercular adenitis)."

Von Ruck says (20): "Tuberculosis does not as a rule occur primarily in the parenchyma of the lung, but has its beginning in the glandular and lymphatic structures of the respiratory or digestive apparatus, and in many instances, these initial deposits cause little or no symptoms at all. The lung affection represents an extension from a glandular or lymphatic focus, which has broken down, and from which the infectious material enters the venous circulation, to be filtered out and deposited in the capillary system of the lungs."

How long bacilli may remain in these lymph nodes and still remain virulent is not known, but Bollinger (21) claims to have proven that bacilli which had been in a closed focus for twenty years were still virulent to guinea-pigs.

Such opinions as these, coming as they do from able investigators, show us the great importance of infancy and childhood as periods when infection by tuberculosis is likely to occur. Tender, susceptible children

must be guarded more carefully from infection, and from those things which undermine the constitution, such as digestive ills and catarrhal troubles.

So much for the causes which predispose children to infection. Now let us consider the sources whence come the infecting germs; for no matter how debilitated a child may be and how ripe it may be for contracting the disease, unless the germs be present, there can be no tuberculosis.

These germs we find present everywhere in nearly every nook and corner frequented by civilized man. We find them on the streets, in public halls, in the palaces of the wealthy, in the homes of the common people, in the hovels of the poor. The air we breathe, the food we eat and the water we drink are all contaminated by this ubiquitous germ. The fact that all people do not become tubercular is dependent upon two things. First, a great many of the germs that come from old cavities, as has been shown by Kitasato, are dead, and those that are virulent when cast out of the body are subjected to unfavorable conditions; hence are either destroyed or very much reduced in vitality before they are taken into the economy. Secondly, the resistance of the individual is not lowered sufficiently when he comes in contact with the number of germs necessary to infect him. Nevertheless, it is our duty to get rid of the germs, if possible. While this appears a heavy task, yet it is not one altogether unpromising. While we may not be able to destroy all the germs, we can rid society of most of them and make infection much less prevalent.

In children the sources of infection are the same as in adults, with a greater liability to the disease, owing to the natural lessened resistance

(19) Osler: *Practice of Medicine*, p. 206.

(20) Von Ruck: *Journal of Tuberculosis*, Vol. I, p. 1.

(21) Bollinger: *British Medical Journal*, Oct. 17, 1896, p. 64.

attendant upon the period of childhood. Undoubtedly the greater activity of the lymphatics during the early years of life together with the fact that the mucous membranes at this period are more easily penetrated, is an important factor to be reckoned with.

Whether or not the milk of tuberculous cattle is a source of danger to children, we are not at this time able to say with any authority. We must await the investigations of the commissions which are now studying the matter, and perhaps we will be compelled to wait much longer. But until the opinion of Koch has been verified, we must not relax our energies against tuberculous milk; for, even if it be proven that the tubercle bacillus of cattle will not infect human beings, nevertheless, the laws of health and sanitation demand in this enlightened age that all dairies furnishing cities with milk should be able to show certificates to the effect that the milk is produced by a healthy herd. Children should not be fed upon milk whose cleanliness could be doubted.

The experiments of Koch are not conclusive. They do show that, in the animals upon which he performed his experiments, there was a decided resistance to infection. But they do not warrant the broad assertion that the human bacillus will not infect cattle; nor the opposite one, which to us is of far more import, that the bovine bacillus will not infect human beings. In the first place, the virulence of the bovine bacillus is known to be much greater than that of the human.

Then, too, we hold that a lowered resistance, if not absolutely necessary, is a great aid to infection: but in these experiments, healthy cattle were taken and subjected to inoculation of a bacillus whose virulence is known to be much less than the

bacillus native to those animals. This undoubtedly should be taken into account in the experiments. Now, on the other hand, when it is a matter of infecting human beings, with bovine bacilli, we have to do with beings of different resisting power, whose resistance is quite often lowered and a bacillus whose virulence is much greater than that of the bacillus native to man. And, if the bacillus which causes pulmonary tuberculosis in after years enters the system during childhood, as those who maintain the lymphatic origin of the disease claim, then we have a much easier infection because of the immaturity and other peculiarities of the tissues of this age, and because of the diseases of the respiratory and digestive tracts which are so common. Thorn-Thorn has given forth the statistics that while tuberculosis in general has been reduced forty per cent. during the past fifty years in the city of London, tuberculosis of childhood has increased 27 per cent. This is given as showing the likelihood of infection coming through milk. These statistics have been discredited by some English observers, but it is not denied that there is an increase in the frequency of infection during this period.

Koch (22) says: "That a case of tuberculosis has been caused by alimentaria can be assumed with certainty only when the intestine suffers first—that is, when a so-called primary tuberculosis of the intestine is found." To show how seldom this occurs, he states that among 933 cases of tuberculosis in children in the Emperor and Empress Frederick Hospital for Children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and bronchial glands. Among 3104 necropsies of tubercular children Bie-

(22) Koch: *British Medical Journal*, July 27, 1901, p. 191.

dert observed only sixteen cases of primary tuberculosis of the intestine. Other investigators do not agree that a local lesion is necessary at the point of entry, but have shown that the tubercle bacillus can enter through the intact mucous membrane without causing a local lesion. In this connection the experiments of Baumgarten, Dobroklonsky and Cornet (23) may be mentioned. If it is necessary to have a primary lesion at the point of entry, then how can tuberculosis of the cervical and bronchial glands be so common when the areas of the nasal and oral cavities from which they receive their lymph supply are so seldom affected with primary lesions?

We hope that it will be proven that bovine bacilli will not infect man, for then our fight against tuberculosis is rendered much simpler, but until then let the milk supply be carefully guarded and where suspicion exists, let it either be discarded or carefully sterilized before using.

It is not only necessary that the milk be supplied from a healthy herd, but those who handle it should be free from tuberculosis. No person with tuberculosis should come in contact with milk intended for a child or with the utensils which contain it. If a tubercular person washes the dairy utensils, or milks the cows, or peddles the milk, or if a tubercular servant or mother cares for or prepares the food for a child, or feeds it, contamination is liable to occur and infection may follow. In no instance should the nursing bottle or nipple be handled by such an one. The habit that some people have of trying to get the child to nurse by taking the nipple into the mouth or of chewing food for children need only be mentioned to be condemned, not only in tubercular patients, but in healthy people as well.

People suffering from tuberculosis in the open stage should not play with children; for it is an easy thing to carry enough germs from the hands of the one so infected to the hands of the little one, which go into the mouth so often, to cause infection of the latter.

Children may be and doubtless are often infected through kisses. Aside from this detestable custom of promiscuous kissing being nauseating, it is a positive danger. Children should be taught not to kiss strangers and grown people should be taught not to kiss children.

Pet animals quite often suffer from tuberculosis, and are not to be overlooked as a source whence infection may come.

Children are unduly exposed to tubercular infection by crawling and playing on the floor. The danger of infection decreases with the distance from the floor, as has been shown by Cornet (24) in an experiment in which guinea-pigs were placed at various distances from the floor in a room infected with tuberculous sputum. While forty-seven, of the forty-eight animals used became infected, those nearest the floor showed the danger there to be the greatest by being first infected.

Uncleanly tubercular patients expectorate on the floor. Others, coughing, throw out a spray which contains bacilli. These dry and many of them settle to the floor. People carry the germs on their feet from the sidewalk and the street into the house. And here let me mention that detestable, dangerous and filthy custom of women wearing long skirts which sweep the sidewalk, trailing over tuberculous sputum which clings to the cloth, and gathering up the bacillus-laden dust to carry it home and deposit it upon the floor of the

(23) Cornet: Die Tuberculose, s. 98.

(24) Cornet: Demonstration in der Berliner Medicinischer Gesellschaft (Marz 1898.)

nursery where the children play. There is no excuse for such filth and such a source of infection. Style! Yes, style! But a style that kills children!

Children should not be allowed to play in the room with tubercular patients; for no matter how cleanly the patient may be, the floor will be contaminated, and the child playing upon the floor and putting fingers from floor to mouth is very prone to become infected.

Another mode of infection is through abrasions and cutaneous wounds; but if the care that I have mentioned be taken, this danger will be rendered very slight.

With this wide-spread general morbidity and its resulting lowered vitality among children, and the frequent contact of these children with the bacillus tuberculosis, it is no wonder that so many become infected.

What becomes of the bacilli when they enter the system, since all those infected do not develop a general tuberculosis at once? In some cases the invaders are destroyed at once; in others some acute tubercular process either in the lungs or some other part, as the meninges, joints or bowel is set up. In other cases the glands suppurate externally and the germs are cast off; while in still a large majority of cases the bacilli remain in the lymphatic glands, encased, as it were, producing no symptoms at all, or finally through some irritation breaking through their encasement and finding their way into the general blood stream, producing the disease in some other part, where the bacilli have been sifted out by the small vessels. This may account for many cases of tuberculosis in adults.

Blos (25) followed the after-history of 160 cases of tuberculous lymph glands, occurring in Czerney's clinic

in Heidelberg, for a period ranging from three to twelve years and found that 40 per cent. developed secondary tuberculosis.

Just what per cent. of the cases of tuberculosis in adults is due to this lymphatic infection during childhood we are unable to say; yet, it is a source of infection that deserves much more consideration than it has hitherto received.

How can this infection during childhood be prevented? and what is to be done when it has taken place? The answer can be summed up in one word—Education.

Mothers and guardians must be educated so that they will care for their children in such a manner that the little ones will not suffer from lowered vitality. The alimentary and respiratory tracts must be kept in a state of health. Children must be kept away from sources of infection as much as possible. Their food must be free from contamination. They must not be allowed to associate with, or live in apartments occupied by tubercular patients. They should not be allowed to play with pet animals that show any signs of illness. They should be taught never to kiss strangers. Remembering that children are always playing on the floor, the nursery should be a bright, sunny room where the floor is flooded by sunlight. Besides, the floor should either be of hard wood or linoleum or some other material that can be washed with antiseptics. The mother and those entering the nursery, for that matter, all women, should discard the bacillus-bearing long skirt which picks up the bacilli from the street and deposits them on the nursery floor. If mothers knew the danger lurking in the long skirt, I do not believe that they, for the sake of style, would continue a custom which infects and kills their babes.

In houses where a separate room

(25) Blos: *Mittheil. aus d. Grenzgebieten der Medizin und Chirurgie*, 1890, No. IV.

cannot be set aside for a nursery, a box four or five feet square can be fixed up, padded and lined with some washable material. In this the child can be placed and surrounded by his toys where he can amuse himself without infecting himself by the dust and dirt found upon the floor. It is not enough to educate parents and guardians. Tubercular patients must also be educated to care for their sputum and to be very careful about their personal hygiene. To this end we must evoke the aid of governments, municipal, state and national, that there may be uniform laws requiring notification of all tubercular cases and the proper instruction of those afflicted, and those who must care for them. Those who are severely ill in families who are unable to care for them properly, should be removed to hospitals provided for that purpose. Sanatoria should be constructed for those who can be cured.

Special sanatoria at the seaside and in the country should be constructed for children who are tubercular. Results in children sanatoria

in Europe are very flattering. The one at Villiers (26) near Paris, cured 29 per cent. of the children who entered from 1889 to 1899. The one at Ormesson cured 34 per cent. of those from three to nine years and 50 per cent. of those from seven to nine years.

Ewald at the Berlin Congress stated that the way to combat tuberculosis is to treat scrofulous children.

Thus we see that tuberculosis in childhood is a subject of great moment and that it takes a place second to none in the fight against this great destroyer. If it is during childhood that the bacilli make the inroads which later cause an outbreak of the disease in a majority of cases, we must center our preventive measures largely upon childhood. Scrofulous children must be treated more seriously than they have been in the past and children must all be guarded and guided more carefully than is our wont.

(26) Bielefeldt: "L'Oeuvre d'Ormesson fuer tuberculose Kinder." Zeitschrift fuer Tuberculose und Heilanstaltenwesen. Bd. II. Heft I. 1901. p. 7.

TUBERCULOSIS CUTIS.*

BY RALPH WILLIAMS, M.D., LOS ANGELES, ASSOCIATE PROFESSOR OF DISEASES OF THE SKIN AND GENITO-URINARY STRGERY, MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

In acceding to the request of our president to write upon this subject it has been taken for granted that the members here have neither the time nor the inclination to listen to an exhaustive description of all the forms of the disease, but rather that what is said shall be of direct use to them in recognizing various lesions produced by the action of the tubercle bacillus in and upon the skin.

The histo-pathology of all the lesions

is in a general way that of tuberculosis of other organs modified by the anatomy of the part affected, and in these cases by the additional influences resulting from the skin being an external and consequently an exposed organ, thus suffering from many conditions of friction, heat, cold, irritants and the unavoidable early secondary infection from various forms of germ life.

It is but natural to suppose that

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

we should find the disease present in some form among those individuals whose health or inherited tendencies are such as to predispose them to tuberculosis; consequently the older members of the society who know and have treated tuberculosis under the name of scrofula, consumption, etc., will not be surprised to learn that their old foes have willingly accepted their new and proper name of tuberculosis.

Among the countless thousands born to suffer and die of the "White Plague" will be found many upon whose skin its sign is written. To this class of cases the term Scrofuloderma is given and it embraces practically two forms viz.: Lichen Scrofulosus and the strumous ulcer.

The first is not a true tuberculosis, at least the bacilli are not found in the lesions, but the disease is practically confined to these subjects. It appears in the form of yellowish red papules a little larger than a pin head, later they fade in color taking on a more dead like brown and when the papule disappears leaves a small stain of increased pigmentation. These papules are either single or grouped, slightly conical and some even flat on top with a small scale attached.

They are found around a hair follicle on the side of the neck, chest and body, in boys chiefly, from ten to seventeen years of age, the hair is often destroyed and a small pigmented scar remains.

They itch but little, no scratch marks are seen as in eczema, nor do they carry the quantity of scales as in Lichen Ruber and the punctate form of Psoriasis, they are not angular neither do they have the violaceous tint of Lichen Planus; but swollen glands, strumous ulcerations and general health of the patient mark the heredity type.

The prognosis is good—if the general health improves. For the treatment

fresh air, tonics, cod liver oil rubs and iodine internally and locally in form of ointment.

THE STRUMOUS ULCER.

This is not primarily a disease of the skin, that organ being affected secondarily by the extension of the disease from some subcutaneous focus. This occurs in several ways, the most common being the softening and destructive ulceration of a tubercular gland making its outlet to the free surface.

The slow process of the inflammation causes an adhesion of the gland to the skin and the entire mass becomes doughy, it gets red, then purplish, then ulcerates, discharging the cheesy semipurulent contents; secondary infection follows and the abscess secretes freely, sinuses may lead in many directions, the skin edges have no vitality and do not tend to heal.

Where, however, the skin is affected by the subsequent ulceration of an independent nodule, or infiltrated mass instead of a gland, the resulting lesion is somewhat different. Here you also have the indolent, purple edges, but the ulcer is so deep, there is not so much discharge. There may be many openings upon the skin, which is undermined, the edges of the ulcer are ragged with a grayish worm-eaten base, and bridges of skin, sometimes healthy, lead from one opening to the other, under which probes may be passed. It is tender and bleeds easily.

These cases should be distinguished from those caused by tubercular myelitis the opening of which is usually single except in old cases where the part may be riddled with sinuses and they will never heal until the primary focus is destroyed and even then much time, patience and skill must be expended to effect a cure.

The only condition liable to be mistaken for these ulcers is syphilis and that form of tuberculosis known as

Lupus Vulgaris. In syphilis the patient is usually an adult and may present other signs of the disease and the edges of the syphilitic ulcer are hard, not so ragged or undermined, it does not bleed so easily and is not so tender; do not forget the possibility of syphilis occurring in a tubercular patient and vice versa. In **Lupus Vulgaris** the entire disease is in the skin as a rule, edges not so ragged or so violaceous, and small nodules will be seen at the outer edge with the characteristic lupus nests.

The treatment of these ulcers is surgical, but be sure and be thorough. Anyone who lightly currettes these lesions or who neglects them afterwards will not have good results. Absolutely all diseased tissue must be removed, the ulcer made as clear as possible, applications of various anti-septics may be used, all sinuses must be thoroughly curretted and have perfect drainage and especially the most careful after treatment.

PRIMARY TUBERCULOSIS OF THE SKIN.

These manifestations are by no means uncommon, and they may appear upon any portion of the skin, resulting from the softening and ulceration of the subcutaneous nodule or plaque or directly from infection. In the latter case they are usually found about the muco-cutaneous outlets of the body, especially the lower lips as first described by Chiari. These are rare, he having found five cases in seven thousand bodies, sixty per cent. of which were tubercular. In appearance they are shallow, jagged, worm-eaten ulcerations, not crusted, the floor looks granular and a dirty yellow, caused by the miliary tubercles, mixed with fat granules especially in the lips. It has been my fortune to see three of these cases. In one case ulceration had not

taken place, but the inner surface of the lower lip was studded with jelly white miliary tubercles glistening through the mucosa.

The tongue is sometimes affected but here the edges are harder. When they occur in the urethra or on the glands penis or vulva they tend to crust, a thin greenish black scale or film being formed, they bleed easily and are quite painful, more so than any other form of skin tuberculosis. These are more frequently seen than the former.

They are also said to occur about the rectum on the free skin, but the writer has never seen any in this region not connected with a tubercular fistula. Several cases of this nature have been reported as the result of direct inoculation as having occurred through tubercular Jewish Rabbis' disgusting habit of stopping the hemorrhage after the rite of circumcision, by the pressure of the lips.

Upon the free skin we often see ulcerations and sometimes large plaques of partly ulcerated, partly healed lesions of tuberculosis.

The crusts are usually dark from an admixture of blood, thin and adherent, which, when removed causes a fairly free oozing of the blood from the soft ragged granulations beneath, especially about the edges. The center of the crust is often free and partly floating in the shallow pool of pus covering the yellowish worm-eaten base of the ulcer, the edges are more tender than the center, they are purplish in color and undermined, are healthy and indolent, notwithstanding the apparent freshness of the torn granulation.

If it is a group or patch of lesions there will be soft scars in places, the bridges of healthy skin and tunneled sinuses as before mentioned. If the origin of the lesion is from the subcutaneous infiltration and degeneration

of tubercular masses, the scars are thicker and do not yield to tension and when numerous, as in the arm or leg, may cause a permanent deformity in limiting motion of the member.

DIFFERENTIAL DIAGNOSIS.

Syphilis is the only disease from which we have to differentiate this lesion and if we remember the histopathology of all syphilitic lesions it will afford us one of the most essential points, for in syphilis we have an infiltration of small round cells, closely packed, and consequently the lesion is hard. There is less tendency to bleeding and as the process of ulceration is taking place in a dense tissue the edges will be hard, sloping, and not undermined; again the secretion is not great, what blood pigment escapes is absorbed by the cells and hence the raw ham or reddish brown pigmentation of the serpiginous syphilide, we also have the history of the case and possibly of former ulcerations.

Lupus Vulgaris. We now come to the most common form of skin tuberculosis, which is the disease known for years as Lupus Vulgaris, but which has been comparatively recently proven to be a member of the tubercular manifestations by Koch, Duttlepont and others.

Lupus presents a sufficiently separate clinical history and appearance to be described as a distinct disease and it will probably be so written of for years to come.

"The typical lupus nodule is a soft brownish red neoplasm, translucent, and resembling apple jelly."—Hutchinson. It grows slowly and develops in the corium and has the peculiar property of destroying tissue not only by ulceration but also by atrophy.

These lupus nests as they are called, are first seen as small, pin head, reddish yellow points buried in the skin, they grow slowly and become yellow-

ish red papules, the color of which does not entirely fade on pressure.

They are soft and break down under pressure from a blunt instrument or melt away before the cone-shaped nitrate of silver stick. Later they appear above the surface as small nodules, arranged in a group segment of a circle; here the process of ulceration begins in some of the nodules, while atrophy occurs in others, both scarring as they go, and there is ultimately formed a circular or semi-circular patch, the center healthy, or a firm scar, apparently depressed, the edges being the seat of lupus nodules, the so-called nests and translucent papules covered with a small scale.

After ulceration has been well established there will be found somewhere in the diseased area the black adherent crusts as in the other forms of tuberculosis, but the edges of the ulcer are not so soft, nor purple in color, nor undermined to the extent seen in the last mentioned variety, and around the edges of the lupus patch you will always find some of the characteristic nodules.

Since lupus is a disease which often begins in early life we frequently see all the phases of the process in any given case and for that matter in almost any large patch. It has no special tendency to destruction of the deeper parts but rather enjoys wandering over large surfaces. Upon the face, its most frequent seat, it will scar the cheeks and ears, pull down the eye lids, deform the nose and even destroy the cartilage, but never attack or destroy bony portions, thus differing from syphilis or cancer.

The lymphatic glands are rarely enlarged unless there is secondary infection or a sudden increase in the spread and intensity of the disease, or they may follow curretting, irritant applications, etc.

While lupus often affects both sides

of the body it is not considered a symmetrical disease. Its chief point of attack is the face; this is possibly due to a greater exposure to infection, or to better blood supply for this particular form of tuberculosis.

Hutchison says the warmer a part the less liable it is to be the seat of lupus. It certainly is rare upon the genitals, yet the lips, mucous membrane of the mouth, nose, the tongue, pharynx, and larynx are often attacked, usually by extension from the face, except the larynx.

I recently had a case in which both internal auditory canals were affected. The scalp usually escapes. I have not seen such severe types of the disease here, as are described in England where the most horrible mutilations occur by reason of large warty-like excrescences, ulcerations of muscles and tendons.

While lupus rarely affects the general health, except when extensive in childhood, nevertheless many of the victims of lupus die of tuberculosis. The percentage is difficult to ascertain, cases have been repeatedly reported in which a sudden exacerbation of inflammation of the lupus patch have been followed by the general tuberculosis and death.

Sometimes the disease will remain quiescent for years only to break out afresh and sweep over new areas and even the old scars of its former path will break down and ulcerate.

Microscopically I shall deal with only the primary Tuberculosis and Lupus. In the former there are found in the true skin circumscribed deposits as small round cells with the usual epithelioid and giant cells containing the bacilli often in large numbers and it is here that necrosis begins. This condition practically represents a very much more active process than lupus, hence the great difference in the number of bacilli found and their compara-

tive rarity in the latter affection. Neither in lupus do we see so marked a caseous degeneration.

The microscopical findings in lupus are nearly the same with the difference mentioned above, and the formation of the lupus nests, the cells of these nests, unless the disease is very active, are capable of a certain regenerative process and slowly there is formed a connective tissue and the cicatrix so often seen; on the contrary there may be an extensive proliferation of cells and the development of fungoid like masses upon the skin. The bacilli are not plentiful and many slides must be searched.

The diseases from which lupus must be distinguished, having special references to the face are: Syphilis and Epithelioma.

From syphilis it is sometimes impossible to make a distinction until one has observed the case a few days. This is especially true when the nose or the lips are concerned, but by remembering that the induration of syphilis is harder, that as a rule it has not been present so long, the color, and the fact, if it exists, of the bones being affected, that syphilis is less tender, and in some cases the history of a tumor which ulcerated, together with the result of specific treatment will usually establish the correct diagnosis.

From epithelioma. Here we should remember that cancers are usually fairly well circumscribed, having raised edges which are hard and curled often with minute blood vessels coursing down into the crater-like center; also that cancers are subject to lance-like pains, and that they seldom bleed until marked ulceration has occurred. If you will contrast this appearance with that of lupus as described, there will not be much danger of confounding the two diseases.

As regards differentiating tubercular

skin lesions from leprosy, glanders, sarcoma, etc., the occasion will not arise sufficiently often to warrant prolonging this paper by discussing them.

Here I shall merely call your attention to verrucus tuberculosis, which is the classic example of the tubercle and is the most common type of the disease as caused by direct inoculation. This is also known as the post mortem wart; it is found chiefly upon those who handle dead bodies, both animal and human. Infection and swelling of the lymph glands follow and occasionally patches of lupus develop along the swollen lymphatics and general tuberculosis has been known to follow.

Treatment. Since we have learned that tuberculosis is a disease due to the action of the specific germ it is possible to take certain precautions against contracting it or of limiting its extension after infection, consequently we should avoid as far as possible coming in contact with secretions, or articles of clothing, etc., containing the bacilli.

Should infection have taken place, remove thoroughly all of the diseased part and treat the resulting wound under strict antiseptis.

The internal treatment is not specific and alone will never heal these lesions. Shortly after the introduction of tuberculin it was tried especially in lupus, and while it was not generally useful it has been so modified of later years that Morris of London, advocates its use in severe cases, claiming that the local treatment seems to act better and the result is more speedy and certain.

The external treatment is the one which is most certain and while there are many methods, none are suitable to all cases.

Under the surgical method are those of excision and curetting, or combining the latter with the application of

the actual cautery. For cosmetic reasons there are many cases in which those should not be used. The linear scarification of Volkman, which consists of multiple incisions into the patch in various directions with a special instrument is of great use in certain cases.

Besnier's method is to make minute punctures with a special electrode brought to almost a white heat.

Jackson of New York uses a silver plate on the negative electrode at the single needle; he reports good results.

The tubercular nodule being softer than the surrounding tissues the cone-shaped stick of silver nitrate readily penetrates and destroys the individual lesion, if used intelligently. Silver is also sometimes used in solution over large areas.

The various pastes such as are used for superficial epithelioma only milder, are also used, the most common of which is the arsenical. This is quite painful, yet its selective action upon the diseased tissue is marked; it cannot of course be used over large surfaces. Lactic and pyrogallie acid pastes are also useful.

Una of Hamburg, is fond of salicylic acid in plaster form combined with creosote to ease the pain. This is very useful to mark out the deep-seated lupus nests when other methods may be used if desired.

In recent years there has been much said about the use of the X-ray and Finsen light rays in the treatment of lupus; perhaps in the severe cases seen in Europe and England where large surfaces are affected this is the best treatment, but judging from the writer's experiences with many cases of lupus in this country these methods require too long a time to effect a cure, and in his remarks upon this section he can do no better than to quote an abstract from Medicine, Octo-

ber, 1901, which is a review of the subject under discussion at the meeting of the British Medical Association last year, as follows:

"At the meeting of the British Medical Association (The Lancet, Aug. 10, 1901.) there was an exhaustive discussion in the section on Dermatology, opened by Malcolm Morris, on the use of Finsen's light method and X-rays in treating diseases of the skin. Mr. Morris devoted his attention chiefly to this treatment of lupus. In northern latitudes the sun cannot be relied upon, hence it is necessary to use an electric light. Up to last July there had been treated under his direction sixty cases. In thirty-six of these the disease was lupus vulgaris, in six lupus erythematosus, in thirteen rodent ulcer, in one doubtful rodent ulcer, in two alopecia, in one keloid, and in one epithelioma. Of the cases of lupus vulgaris, eight might be considered as cured, in three the treatment was abandoned because of failure of the general health, in six the result was unsuccessful. Of the cases of rodent ulcer, seven were cured, in two the treatment could not be continued. Of five cases of erythematous lupus, in two

the result was satisfactory; in three the treatment was discontinued. Of the cases of keloid and epithelioma nothing definite could be affirmed. In the successful lupus cases the number of sittings varied from eight to three hundred and seventy.

"The discussion was admirably summed up by Radeliffe Crocker, who said that he has had more experience with X-rays than with the Finsen's method. He has come to the conclusion that in favorable cases the results are as good as it is possible to achieve, but that the number of such cases are not very large. The treatment must be limited in its scope, because in some cases three hundred sittings were required. The Finsen and X-ray treatments have evidently come to stay. It is a great mistake to abandon the older and still excellent methods. Scraping as well as the application of caustics is useful, and can be combined with these newer methods."

In conclusion the writer wishes to state that time, patience and the requisite skill are sufficient to cure all cases of tuberculosis cutis one is liable to meet in this portion of the country.

SANATORIUM TREATMENT OF TUBERCULOSIS.

BY HARVEY G. MCNEIL, M.D., IDYLLWILD.

In a paper of this character it will not be possible for me to do justice to so extensive a subject, or even to mention the many methods employed for the cure of tuberculosis by the numerous sanatoria throughout this country and Europe.

By giving you a brief outline of the

care and treatment received by patients in this institution, I believe that I shall give you the consensus of opinion shared by the leading phthisiotherapist of the day, namely, rest, fresh air and superalimentation, combined with such medical measures as may be clearly indicated.

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Cal., May 22nd and 23rd, 1902.

The profession has so generally recognized and accepted this in theory if not in practice that I need not champion its claims. I have no doubt but what you will agree that the average tubercular individual has the best chances of getting well in a closed establishment where his hygienic, dietetic and medical treatment can be carried out under constant medical supervision in suitable and congenial surroundings.

By suitable surroundings, I refer to climatic conditions. I do not believe that there exists a climate with a specific curative quality for any form of tuberculosis, but I do believe that properly selected, it is the most valuable adjunct in treatment of the disease. The climate of Southern California is so familiar to you all that I need not comment upon it. As for the benefits to be derived from a prolonged sojourn at a considerable elevation in pure dry air, such as this resort possesses, I would say that it has been conclusively proven that diminished barometric increases the amount of hemoglobin and red corpuscles in the blood. The deficiency in oxygen pressure at first compels quicker respirations, but later causes deeper breathing which permanently enlarges the chest. As the respirations grow deeper the heart becomes larger, stronger and its contractions more forcible. Taking into consideration these two points it would seem justifiable to state that the diminished barometric pressure is the chief cause both of the rarity of phthisis, and the exceptionally high average of improvements seen in high altitudes.

Being so favorably situated it is a very easy matter to keep the buildings and surroundings in perfect sanitary condition. Probably the most important item to be considered under this heading in an institution of this character is the disposal of sputum. A

rule which we rigidly enforce is that there shall be no expectoration about the building or grounds by any person affected with any infectious disease. Each patient is required to carry during the day a pocket sputum cup, of which they have the choice of several patterns. At night these are collected by a nurse who, after thoroughly cleaning with boiling water, puts them into a 20 per cent. solution of carbolic acid and returns it to the owner. During the night a Seabury & Johnson sanitary cup is used, the paper filler of which is burned each morning. The cuspidors about the house, of which there are as few as can be used consistently, have in them a 1-1000 bichloride of mercury solution.

All rooms are thoroughly scrubbed and fumigated with formaldehyde after having been occupied by a patient with any infectious disease.

In fact every sanitary precaution is taken, that we may not only protect and educate our patients, but make them more mindful of the welfare of others.

As has often been said, an appetite is a luxury, but not a necessity. This we see exemplified daily with our tubercular patients to whom food is often distasteful and repulsive.

Food alone provides nutrition, and it is nutrition which increases the power of resistance. It is the sole means in Nature's hands for replacing the waste caused by the disease, checking its extension, diminishing its power for evil and finally producing a condition of arrest which neither drugs, serums or inhalations have been capable of doing, unaided by special treatment in this line.

The diet is confined to that which is most nourishing and easily digested. An endeavor is made to serve the best meat, fresh vegetables, fruit, butter and eggs which the market will afford. All milk is supplied by our own dairy.

Drugs are given only when clearly indicated in some complication or intercurrent trouble, except when a special request is made to the contrary by the doctor sending the patient.

A patient upon entering is first told the rules of the institution, understanding which his history is taken and a thorough physical examination made both of which are recorded. Every patient is reexamined approximately once a month.

A gain in flesh is the evidence of improvement which is most to be welcomed, and a steady gain may rightly give one a confident hope of renewed health. Appreciating this fact each Thursday is set aside as weigh day, at which time the weight and general progress is noted.

The day as spent by the average ambulatory patient is about as follows:

7 a. m., light liquid nourishment, usually hot milk.

7:30 a. m., bath of some form.

8 to 8:30 a.m., breakfast.

10 a.m, light nourishment.

12:30 p. m., dinner.

3, light nourishment.

5 to 6 p. m., calls at my office to report and receive instructions for the following day. Those who are not

able to call are seen at their cottage room or tent.

6 p.m., supper.

A daily record sheet is kept of each patient. The frequency of temperature observation and other details depend entirely upon the case, as does the amount of exercise allowed.

Fore and afternoon nourishment consist largely of milk supplemented by raw eggs or that form of prepared food which seems best suited to the case. Some of these prepared foods are undoubtedly valuable tissue builders, often forming an indispensable article of diet for tubercular patients.

While the institution has not been open long enough to make a report of cases of any value, still the results obtained so far have been highly satisfactory as compared to those reported by institutions of like character. In many instances the gain in weight, reduction of temperature and increase of bodily vigor have been quite remarkable.

I would always be pleased to hear from doctors sending patients here and upon request to make them a report of progress from time to time. Suggestions will always be cheerfully received and carried out as far as possible.

TUBERCULOSIS OF THE OVARIES.*

BY JOHN R. HAYNES, M.D., LOS ANGELES.

The ovaries are seldom, if ever, the primary seat of tuberculosis; the immense probabilities are that the disease when found there is secondary to tuberculosis of the pelvic peritoneum and the tubes. Therefore, the description of the symptoms and conditions of tuberculosis of the ovaries would be that of pelvic tubercular peritonitis and tuberculosis of the Fallopian tubes.

CAUSE.

Tubercular pelvic peritonitis is usually caused by the spreading of the disease from the vagina through the uterus and tubes, although it may be secondary to tuberculosis in other parts. It is difficult to determine the predisposing cause, though the disease often suddenly appears after pregnancy or miscarriage. Frequently the family history of the patient is

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

good and usually there is no tubercular affection of the other organs—indeed, this latter condition is so frequently met with that it gives rise to the statement that when there exists pelvic tubercular peritonitis the other parts of the body are free from it.

GENERAL APPEARANCE OF PATIENT.

Usually the general condition of the patient does not give a clue to the disease, for out of twenty cases of Dr. Kelly's, 80 per cent. were in good condition with good color, while but 20 per cent. were anaemic. He says that one of the most robust, blooming, young women he had ever seen had so extensive a pelvic tuberculosis as to necessitate the removal of the uterus, ovaries and tubes.

COMMENCEMENT OF DISEASE.

The disease commences with a few tubercular nodules on the tubal mucosa or scattered over the peritoneal surface of the tube, and in time spreads to the peritoneum adjacent, covering it with small, miliary tubercles which are thickest about the mouth of the tube. From here the disease spreads diffusely, involving the whole lower abdomen, tubercular nodules being found on both the parietal and visceral peritoneum.

COURSE OF DISEASE.

The course of the disease is slow. One of Dr. Kelly's cases had been ill ever since the birth of her last child five years before; for a year she had noticed an abdominal tumor growing in her left side. Her poor health was associated with a winter cough and pleurisy on her right side. A left ovarian tumor as large as a cocoanut was removed. The tumor and the entire peritoneum were covered with miliary tubercles, and the intestines were matted together in masses.

SYMPTOMS.

The early symptoms are those of

endometritis sometimes with menorrhagia. The patient complains of constant pain in back, pelvic organs or lower abdomen intensified during menstruation, and varying from a dull ache to excessive suffering and increased by exertion or by walking. There is profuse leucorrhoea sometimes stained with blood. In most cases there is a slight increase of temperature (ranging from 99 to 100 degrees), though sometimes it may be very high, and sometimes entirely lacking. Often the increased temperature occurs in the afternoon or evening, and subsides in the morning. Pain in urinating and constipation with painful defecation are common. There is indigestion, nausea, vomiting and loss of appetite. Night sweats and chilly sensations are frequently complained of.

DIAGNOSIS.

The miliary form of the disease is not recognized clinically, and hence the ulcerative stage is the one usually met with. Often the presence of the disease is not suspected, only making itself known during an operation for some other condition. The diagnosis of ovarian tuberculosis may be based only upon the bacilli found in the vaginal or uterine discharge or in uterine scrapings, or by means of laparotomy. The tuberculin test may also be of value.

The diagnosis would be tuberculosis when the uterine discharge and uterine scrapings show tubercle bacilli.

There is extensive pulmonary disease associated with pelvic inflammatory masses.

The abdomen, exceedingly painful upon pressure externally and through the vagina, gradually enlarges (due to the thickening of the uterine walls and to ascites) and shows the presence of irregular masses with fluctuation.

The patient is emaciated.

There is persistent increase of temperature.

Constipation and painful urination exist.

The slow progress of the disease distinguishes it from cancer, but some of the symptoms mentioned—chills and fever—point to "malaria," and the early stage of the disease is often diagnosed as typhoid fever.

In diagnosing ovarian tuberculosis great care must be used to distinguish it from simple pelvic peritonitis, pregnancy, ovarian cysts, cancer of the ovary with effusion, hydrosalpinx or pyosalpinx. In one case spoken of by Dr. Kelly the diagnosis was extra-uterine pregnancy, but the patient died later from tuberculosis. Again, a mild, incipient tuberculosis of the ovarian tube occurring in a large, healthy, florid, young woman was mistaken for hysteria. There was much sensitiveness on pressure over the vaginal vault and lower abdomen, and she complained of constant pain in the pelvis, exaggerated at each menstrual period. The uterus, ovaries and tubes upon operation were found to be covered with tubercles and were removed. The adhesions were numerous and were only separated with difficulty. Dr. Williams believes that in a large proportion of cases of chronic pelvic

peritonitis necessitating removal of tubes and ovaries, that the disease is really tuberculosis, but that only a very careful microscopical examination can prove it to be so.

TREATMENT.

Cases of pelvic peritonitis, whether tubercular or otherwise, that show steady improvement under rational treatment, such as rest in bed, nourishing food, careful regulation of bowels, and the administration of tonics and carbonate of creosote (the latter in doses of from five to sixty drops three times a day so as not to unduly affect the stomach or kidneys) should not be operated upon.

If, however, the inflammatory conditions and symptoms do not improve after one, two or three months' treatment, the abdomen should be opened and the tubes, ovaries and uterus removed.

Where it is impossible to enucleate the pelvic organs, drain the abdomen of all fluids and tear up adhesions. When the intestines are matted together do not attempt to separate them; but when a piece of intestine is connected with the pelvic wall by a single adhesion, carefully remove the adhesion. Almost all cases will recover if treatment is commenced in time.

929 South Main street.

FORMALDEHYDE AND DISINFECTION.

A REPLY TO PROF. B. M. DAVIS.

To the Editor of the Southern California Practitioner, Los Angeles, Cal.

Dear Doctor: Your issue of April, 1902, contains a paper on "Formaldehyde and Disinfection," by B. M. Davis, M.S., Professor of Biology, State Normal School, Los Angeles, in which we note the following: "'The Schering method' is open to criticism

because the gas is dry and therefore not a good disinfectant." It is evident that the author is not well acquainted with Schering's method of disinfection, since by this process the antiseptic agent is produced in a true gaseous form, in a superheated state, and issues from the apparatus thoroughly mixed with watery vapor,

which insures its full germicidal activity.

If the formalin pastils were simply placed into a container and vaporized, Prof. Davis' statement, that the gas produced is dry, would be correct; but in Schering's apparatus the pastils are vaporized in a wire gauze receptacle, and this permits a thorough admixture of the gases of combustion with the formaldehyde gas. This is confirmed by the experiments of Drs. Hans Hammerl and Fritz Kermauner (Munchener Medicinische Wochenschrift, Nov. 29, 1898), who reported:

"When the pastils were vaporized in a retort—in contravention of the principle in Schering's method—the watery vapor and carbonic acid formed by the combustion of alcohol not being mixed with the vapors of formaldehyde, the results were unsatisfactory; the formaldehyde polymerized and was not diffused."

The combustion of 1 kilo of 100 per cent. alcohol produces 1.174 kilo of water, and with weaker solutions of alcohol, as used in Schering's apparatus, the amount of watery vapor generated is still greater. In the German patent for the formalin disinfectant it is stated that 3 grams of alcohol, which are required for the vaporization of one 1-gram pastil, will produce $3\frac{1}{2}$ grams of water. Hence it follows that the production of moisture is $3\frac{1}{2}$ times greater than the production of formaldehyde gas.

The results attained are, of course, influenced by temperature and condition of the atmosphere. In very dry climates it is advisable to vaporize about 1 quart of water to every 1000 cubic feet of air space simultaneous with the disinfection, or to use Schering's formalin combined steam apparatus. Dr. Luebbert, physician-in-chief in German South-West Africa, published in the Deutsche Militarärztliche Zeitung, a report on Schering's

method, from which we quote the following:

"Disinfections undertaken before sunrise were marked by a far stronger odor of formaldehyde in the objects taken from the room than in those when disinfections were carried out during the afternoon. The difference in the power of formaldehyde could only be attributed to the night temperature acting beneficially on the open and well-aired rooms. When the rooms were kept tightly closed over night, little difference could be observed between day and night disinfection. In the tropics articles of furniture are always warmer than the surrounding air, and the disturbance caused by their expansion and contraction hinders the settlement of the gas."

As to the penetrative power of the gas evolved by this method, in 1898, thirty-five very interesting experiments were made by the St. Louis Board of Health with Schering's formalin disinfectant, and even anthrax spores in a glass dish under one fold of blanket showed no growth when 307 pastils were vaporized simultaneously with two gallons of water in a room of 4096 cubic feet.

The reliability of the disinfection by Schering's method has been conclusively established by the extensive and painstaking investigations made by Dr. A. W. Fairbanks of Boston, in conjunction with Prof. E. Grawitz at the City Hospital at Charlottenburg, Berlin, which were published in the Centralblatt für Bakteriologie, Parasitenkunde und Infektionskrankheiten, Vol. 23, Nos. 1, 2, 3 and 4, January 8, 19 and 31, 1898.

In the Hygienische Rundschau, Berlin, April 15, 1901, Prof. Grawitz stated that he has employed the Schering method for the last three years in rooms that have contained cases of scarlet fever, measles, whooping

cough and diphtheria, which were mostly used for other patients immediately after the disinfection, without a single case of infection from this source. He stated in the same communication that the time for disinfection by means of the Schering disinfectant was reduced to eight hours if the room was heated to the temperature of ordinary living rooms, 71 deg. F., and lays special stress on the importance of this.

Many bacteriologists of international reputation, such as Fluegge, Rubner, Kobert and Gruber, have recommended Schering's method, and a great number of favorable reports have been contributed to the literature of this method by American authorities. Prof. Charles Harrington, of Harvard University, in his "Practical Hygiene" (Lea Bros. & Co., New York), refers on page 526 to his own experiments, and states that they confirm those made by Drs. Gehrke, Fairbanks and Aronson. On page 523, Dr. Harrington says the following regarding the pastil method:

"This process has the advantage of simplicity and economy of time, for when the apparatus is placed in position with its lamp burning it requires no further attention on the part of the operator, who, then, with other lamps, is enabled to start the process elsewhere and thus accomplish much more than another who, operating an autoclave or similar apparatus, is obliged to give it constant attention as long as the gas is being generated."

Dr. Horlbeck, of Charleston, S. C., the late president of the American Public Health Association, was a very strong adherent of the Schering method, introducing it in his native city. Its employment has also been recommended by Health Officer A. H. Doty of New York; Dr. H. W. Park, bacteriologist of the New York Board of Health; Dr. J. H. McCollom, of the

Boston City Hospital; Prof. E. C. Levy, of the University of Virginia, and many others.

Prof. Davis also says in his article: "Disinfection by making the formaldehyde directly from wood alcohol is the most reasonable means, both as to effectiveness and economy. Very little more than the amount of wood alcohol required to furnish heat for vaporizing the formaldehyde in solution is needed to furnish the same amount of gas directly." It is a well-known fact that most of the methyl alcohol used in the generators is lost, only a few per cent. of active formaldehyde being produced; for this reason the method has long ago been abandoned in Germany, France and other countries.

Regarding the inefficiency of generators in which wood alcohol is employed, we beg to quote from the Medical Record of January 22, 1898, page 138:

"Surgeon Walter Reed, curator of the Army Medical Museum, made some experiments recently with a Hollister's formaldehyde generator. The results of these experiments showed that while occasionally an unprotected cover slip spread with streptococcus pyogenes aureus and bacillus diphtheriae may be destroyed after 23½ hours' exposure, the amount of formaldehyde gas furnished by this generator is, as a rule, quite insufficient for the disinfection of either infected clothing or surfaces even when unprotected."

Prof. Davis further mentions the use of formaldehyde in the treatment of lung diseases and catarrhal diseases of the nose and throat; this, however, is best possible with Schering's formalin lamp, which generates 100 per cent. of pure, active formaldehyde gas, while generators which depend upon the incomplete combustion of wood alcohol also produce the very

poisonous carbonic oxide gas and a smell of methylated spirits that is very unpleasant.

In conclusion, physicians are requested to write for reports of bacteriological investigations which we have from time to time reproduced

from American and foreign medical and sanitary journals, which corroborate all the statements made herein.

Note—Desiring only fairness on all sides, we gladly publish the above from Schering and Glatz, New York.—Editor.

MODERN ANTISEPTIC METHODS*.

BY GEO. S. HULL, M.D., PASADENA.

Little Tommy ran a splinter
Underneath his finger nail,
Flowed his tears like April showers,
Like a March storm was his wail.

Tommy's grandma put her specs on;
"It is there, there ain't no doubt.
Wait. I'll get a piece of bacon,
That's the thing to draw it out."

But his mother brought the tweezers;
"See! I'll pull it out right straight."
But she pushed it in still further.
Tommy howled and struck a gait.

Then they sent for Dr. Werzol,
Up-to-date M. D. from Yale.
Secundum Artem he went at it.
He was "never known to fail."

First he took his pondrous case-book,
Wrote in it Tom's name and age;
Then his family history fully
Filling up an entire page.

Next his heart and lungs he sounded,
Tried to find disease in vain—
Tommy grew quite interested
And forgot about his pain.

Finally he dropped some ether
On a cloth and held it tight
Over Tommy's mouth and nostrils—
Tommy sailed clear out of sight.

Then he spread some sterile towels
Over Tom, well scrubbed and dried,
Washed the wound with strong bi-
chloride,

Then let loose formaldehyde.

On the table gleamed his weapons
All aseptic to a T,
Had so many to select from,
Scratched his head, perplexed was he.

Scratched his head which wasn't sterile,
Stroked his beard in deepest thought
Then he got to work instanter,
But to wash his hands—forgot.

Took a tourniquet and put it
On the boy's arm very tight,
Tried in vain each pair of forceps,
Wasn't one exactly right.

Used his scalpels and his scissors,
Cut the nail down to the quick;
But the "thundering old splinter"
In its hiding place would stick.

In despair he grabbed the tweezers,
Filled with germs of foul disease,
Caught the splinter at first trial,
Pulled it out with greatest ease.

"Keep the boy in bed, dear madam,
Till I tell you danger's o'er."
Then he took the splinter with him,
He would learn about it more.

Made some cultures of its microbes—
Horror seized him when he saw
Through his microscope so truthful
Hosts of germs that bite and gnaw.

Staphylococci, streptococci,
Typhoid germs and lock-jaw too—
Germs of all kinds in profusion
In his culture medium grew.

*Read at the banquet of the Southern California Medical Society, Hollywood, May 23rd, 1902.

On the morrow with two confreres
And six college students bright,
Armed with anticoccic serums
And syringes for the fight.

Called the doctor on poor Tommy,
Pulled the door bell with a jerk—
"We must see your boy at once, ma'm,

We must get right straight to work."

"La sakes! doctor, how you scared
me.

Tommy's been out all the day.
There he is a playin' baseball
With some boys across the way."

G. S. H.

OUR COUNTRY AND OUR PRESIDENT.*

BY E. W. FLEMING, M.D.

"There is a land of every land, the
pride,
Beloved by Heaven o'er all the
world beside;
Where brighter suns dispense severer
light,
And milder moons imparadise the
night."

Responsive to the instinct latent in
every human breast, our hearts bound
with an exultant pride, our cheeks
beam with a pardonable glow, and af-
fection's seat quickens with the pulsa-
tions of a limitless love when we
contemplate, wherever we roam
within its imperial domain, our Na-
tion, our Country, our Home.

In its material grandeur, it pre-
sents nothing but what is worthy of
man's admiration and Heaven's bene-
diction. Fashioned into shape by
stern, industrious moulders, our pro-
ductions are directed by our iron-
handed sons of toil from Atlantic's
wave-bound coasts to the consumers
of the world. Goldened under the
influence of our western sun, our pro-
ducts unfold their leaves to catch each
passing breeze and waft their sweet
aroma to each expectant waiter. But
our natural advantages are not our
highest blessing. In our political in-
stitutions and our people's possibilities
lie our priceless heritage and the
promise of our greatest growth and
grandeur.

Here the constitution guarantees
and the people enjoy not the sordid
equality of wealth or the physical
equality of strength, but that nobler,
more inspiring equality of opportunity
that made the son of an immigrant
the hero of New Orleans, and placed
the child of the exile in the Presi-
dential Chair.

Here, ambition finds an inviting
path to every field of effort, and in
the ceaseless conflict for advance-
ment the child of power oft gives way
to the offspring of poverty.

We need no divine right rulers, for
our laws are the people's will and our
executives but the instruments of
their execution. We have no place for
a hireling soldiery, for our country is
secure in the hearts of its citizens.
We are rich in men and manhood's
might is stronger yet than battle-
ment or fortress.

Our flag has for its defenders, men
who fight not for monarchs, but for
their homes and their firesides. This
is the republic and this is the ideal
government. It has no institutions
but of the people's creation, no au-
thority but the people's will, no ruler
but the people's servant. Match him,
if you can, the President, greater
than a Caesar or the mightiest em-
peror; for he presides over the royalty
of eighty million hearts that make the
mighty unit of American citizenship.

*Response to toast at the banquet of the Southern California Medical Society, Idyllwild, May 23, 1902.

The best of a race of freemen, rich in manhood, keen in mind and incomparable in honor, he executes and guards but our mighty dictum of the people's will, "Liberty under Law." Not in partisanship but in loyalty to our country, the President is our President, presiding over the destinies of a people whose onward march shakes the trembling thrones of monarchs, and opens wide the vista of a glory yet untold.

BARDISMS.

Wise sayings of Dr. Cephas L. Bard, abstracted from his writings:

"Be not content with mediocrity, but aim high." "Strive hard to accomplish something which will reflect credit on your community, your State and yourself." "Sickness elevates a man to a position where all show him homage. He is soothed and comforted by the magic touch of love and sacrificing service of those who are nearest and dearest to him." "One sharp attack of disease will bring us to a quicker realization of our spiritual condition than fifty sermons, and the sickness of the body often proves to be the health of the soul." "Sickness calls us away from the busy scenes of life and compels us to take a mental inventory, and we discover exactly where we stand." "The study of man cannot fail to impress the most sluggish student with awe and admiration. I believe God made the human body, and it is the most exquisite and wonderful organization which has come from the Divine Hand." "Professionally, physicians have done much to disperse and destroy those fallacies which attribute life to other causes than those divine." "Physicians may not be churchgoers, but we do in our daily life, characterized by practical Christianity, give evidence, at least to ourselves, of our firm belief in a Creator."

FEMALE STERILITY.

Dr. Samuel L. Kistler, of Los Angeles, has a very interesting article on this subject in the Medical Summary for June. In conclusion, he says:

"An American gynecologist has said: 'I never knew a woman to bear a child after having had gonorrhea.' This statement none of us believe.

"Finally, in the treatment of sterility, we should bear in mind the fact that each case is a law unto itself, and we should study it as though it were the only case, remembering the great number of cases dependent upon slight causes.

"Conclusions: 1. The great majority of cases of sterility are dependent upon slight causes. 2. The greater number of cases are curable. 3. Many apparently hopeless cases are curable. 4. Length of time a case has persisted is no bar to treatment, providing organic change has not obtained that precludes possibility of cure. 5. Treatment used must always depend upon the case in hand."

The recent meeting of the Arizona Medical Association was very enjoyable. It was their tenth annual session. Dr. Wm. Duffield of Phoenix, was elected president. The guest of honor was Dr. Norman Bridge, of Los Angeles, who, besides speaking before the association by request, also addressed the faculty and students of the Territorial University. In the latter talk Dr. Bridge urged the fostering of those sports and occupations which develop great endurance; the ability to stand alone, if need be against odds, in the effort to achieve some laudable aim.

Dr. W. R. McNair of Glendora, has recently erected a commodious office adjoining his family residence.

ATTRACTIVE CLUBBING OFFER

Everybody's Magazine...

is published by John Wanamaker. It is a clean, bright, wholesome, entertaining family magazine. In quality and quantity of reading matter, illustrations, printing and paper it is one of the best magazines published. The aim of Everybody's Magazine is to give its readers each month interesting, vital and well-written stories and articles, with the finest illustrations that can be procured from artists using the brush and the camera. It is just as good as money and the best editors can make it, and it is worthy a place in every American home.

RULES FOR ORDERING

All Club Subscriptions must be new except to our publication. Not more than five periodicals can be formed into one combination, two of which must be our publication and Everybody's Magazine. The offers are restricted to the periodicals named in these clubs. Our club price pays for a full yearly subscription to each periodical in the club. Each yearly subscription will be sent to one or different addresses, as may be desired.

All Club Subscriptions Must be New Except to Southern California Practitioner	Regular Price By Subscription	Club Price
Everybody's Magazine (1 year; 12 numbers) John Wanamaker, Publisher. See description.	\$1 00	\$5²⁵-
Harper's Weekly (One year; 52 numbers) The Outlook or Scientific American may be substituted for Harper's Weekly	4 00	
World's Work (One year; 12 numbers)..... Literary Digest may be substituted for World's Work	3 00	
Harper's Bazar (One year; 12 numbers)..... Sunday School Times or Little Folks or American Boy may be substituted for Harper's Bazar	1 00	
Southern California Practitioner	1 00	
		For All One Year

THE PERIODICALS WILL BE SENT TO ONE ADDRESS OR TO DIFFERENT ADDRESSES, AS MAY BE DESIRED

	Regular Price	Club Price
Everybody's Magazine, Harper's Bazar and Sou. Cal. Practitioner	\$ 00	\$ 1 75
Harper's Bazar, American Boy, Everybody's and Sou. Cal. Practitioner	4 00	1 25
American Boy, S. S. Times, Everybody's, Harper's Bazar and Southern California Practitioner.....	5 00	2 75
World's Work, Harper's Bazar, Everybody's and Sou. Cal. Practitioner.....	6 00	3 25
Literary Digest, American Boy, Everybody's and Sou. Cal. Practitioner.....	6 00	3 25
Public Opinion, Everybody's, American Boy, S. S. Times and Southern California Practitioner	6 00	3 25
Country Life, Public Opinion, Everybody's and Sou. Cal. Practitioner.....	8 00	3 75
Everybody's, World's Work, Country Life and Sou. Cal. Practitioner	8 00	3 75
Harper's Bazar, Public Opinion, Country Life, Everybody's and Southern California Practitioner	9 00	3 75
Little Folks, American Boy, Literary Digest, Everybody's and Southern California Practitioner	7 00	3 75
Harper's Weekly, Everybody's, Harper's Bazar, American Boy and Southern California Practitioner	8 00	4 25
Scientific American, American Boy, Little Folks, Everybody's and Southern California Practitioner	7 00	4 25
Public Opinion, Harper's Weekly, Everybody's and Sou. Cal. Practitioner ...	9 00	4 25
Harper's Bazar, Country Life, Everybody's, Harper's Weekly and Southern California Practitioner	10 00	4 75
The Outlook, Everybody's, Little Folks, Public Opinion and Southern California Practitioner	9 00	4 75
World's Work, The Outlook, Everybody's and Sou. Cal. Practitioner.....	8 00	4 75
Harper's Weekly, Everybody's, Public Opinion, Country Life and Southern California Practitioner	12 25	5 25
Everybody's, Scientific American, The Outlook and Sou. Cal. Practitioner...	8 00	5 25
Literary Digest, Harper's Bazar, Harper's Weekly, Everybody's and Southern California Practitioner	10 00	5 25

ALL CLUB SUBSCRIPTIONS MUST BE NEW

Except to our publication

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to
EDITOR SOUTHERN CALIFORNIA PRACTITIONER,
1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

IDYLLWILD MEETING.

The meeting of the Southern California Medical Society at Idyllwild, Riverside County, on the 22nd and 23rd of May, was in every respect an unqualified success. The Santa Fe Railroad, through its general passenger agent, Mr. J. J. Byrne, of Los Angeles, furnished a beautiful new coach of attractive design for all who left Los Angeles on Wednesday. There were about sixty in the car. This party was joined at Pasadena, Claremont, Pomona, Redlands, Riverside and Hemet, by others. An orchestra on board enlivened the trip. At Hemet a delightful luncheon was served, after which all took stages for the mountains. The equipment of the stage line was perfect, and Idyllwild among the pines was reached by six o'clock. The service at the Sanator-

ium was all that could be desired. No meeting of this society has ever opened with as large an attendance as there was at the opening session Thursday morning, and, taking it all in all, the attendance was larger than this society has had at any of its previous meetings outside of Los Angeles. The papers which appear in this issue speak for themselves. We only wish we had the discussions, which we shall try to incorporate hereafter in our reports of meetings of this very flourishing organization.

A vote of thanks was extended to Surgeon-General Wyman for having detailed Dr. Hill Hastings, Assistant-Surgeon of the Marine Hospital Service, to attend the meeting. The paper of Dr. Hastings appears in this journal, and is well worth a careful reading.

The banquet was one of the most elegant that has ever been served in Southern California. The following is a copy of the menu:

MENU.

Blue Points
Consomme en Tasse

Poisson
Salmon, Sauce Hollandaise
Potatoes a la Parisienne

Hors d'Oeuvre
Santone
Salted Almonds Celery Olives

Entree
Boiled Capon a la Royal
Petit Pois
Queen Fritters Sauce au Vin
Fillet de Mignon au Champignons
Pomme de Terre

Roti
Zinfandel
Roast Turkey, Chestnut Dressing
Asparagus

Salade
Roman Punch
Salad Homard au Mayonnaise

Dessert
Neapolitan Ice Cream
Assorted Cakes Charlotte Rusee
Fruit Nuts Raisins
Soda Wafers Edam Cheese
Cafe Noir au Cognac

Dr. John C. King, of Banning, made an ideal toastmaster; Dr. Magee, of San Diego, brought down the house with his operatic song; Mrs. Wm. Dodge, of Los Angeles, sang most beautifully. The following officers were chosen for the ensuing year: President, F. C. E. Mattison; 1st vice-president, John C. King; 2nd vice-president, F. W. Thomas; secretary,

and treasurer, Frank D. Bullard. A rising vote of thanks was extended to Dr. W. W. Beckett for having provided the unique and interesting programme, and for the able manner in which he had conducted the meetings last year. Pasadena was chosen for the next place of meeting, and the date was fixed as December 4th and 5th. We publish on another page the response of Dr. Fleming at the banquet, also the poem that was read at the banquet, written by Dr. Geo. S. Hull, of Pasadena.

As we returned to our various homes, filled with professional enthusiasm, we felt that we comprehended more than ever the wonderful variety of climatic resources of Southern California. It is rarely that you can find a country where a few hours' ride will take you from the sands of the sea to a mile nearer the sky among the pines of the mountains.

THE ACUTE AND CONVALESCING INSANE.

At a recent meeting of the California State Medical Society, one of the papers that elicited a sharp and lively discussion was that by Dr. A. M. Gardner, entitled, "State Hospital Care and Treatment of the Acute and Convalescing Insane." Dr. Gardner was formerly a superintendent of one of the state insane asylums and is now in charge of a private institution for the same class of cases. He could therefore present the subject in a manner unhampered by any political complications. The fact that the insane of the state are crowded into institutions that are wholly inadequate to accomodate the great numbers that

are necessarily sent thither, together with his showing that the management through unwise economy reduces the rations to the merest pittance, so that the cost per capita is less than three cents per meal, exclusive of milk, and that the amount of milk is practically one-fourth of a gill daily per patient, was deemed by him a condition which failed to restore a sound mind to many who might otherwise be cured. He argued that a more liberal policy would result in a greater number of cures, thereby allowing many to be discharged, lessening the number to be cared for in the institution and thus in the end prove economy to the State. On the other hand, a well-known superintendent of one of the State institutions for the insane took up the defense by claiming that its diet list, though at so small expense per capita was made up from the diet list of the United States Army rations, and in his opinion a diet list which was good enough for strong, vigorous people in the United States service was quite sufficient for people gathered together in an institution of this kind and doing no manual work.

Were it not for the deplorable condition of affairs that exists, and the fact that this class of invalids should receive our greatest consideration for restoration to health, the arguments as presented by the two sides would have been somewhat amusing to the society at large.

As long as this whole matter is left in the hands of politicians, those in charge will doubtless try to show

their economy in ways that may not in the end prove truly economical, and the altruistic idea of relieving suffering humanity will be overlooked. On the other hand, if this whole management could be removed from politics, and along with a desire to restore the mentally incapacitated to places of usefulness, it could be shown that economy is really attained by increasing the numbers of those discharged, and thus lessening the final expense to the State, it is possible that some good might result. Dr. Gardner certainly did the society a service by bringing up this subject and we can only hope that the medical gentlemen of the State most deeply interested in this line of practice may continue to agitate the subject until some changes may be brought about for the better. Indeed, every physician, no matter along what lines he may be engaged, cannot help being deeply interested in the subject.

G. L. C.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.

The members of this important organization have been enjoying a successful three days' session in Los Angeles. Before reaching Los Angeles they were the guests of various organizations and municipalities at Phoenix, Redlands, Riverside and Hemet. At the latter place they were banqueted, and Mr. Milliken, editor of the Hemet News, delivered an address of hearty welcome. From Hemet they went by stages up in the mountains to Idyllwild, arriving there Friday, June 6th. After inspecting

the Idyllwild Sanatorium they went on horseback over the valley and into some of the surrounding mountains. Saturday evening, June 7th, they sat down to a pleasant banquet, Dr. Norman Bridge acting as the presiding officer. The following toasts were responded to:

"The Home of John L. Sullivan," by Horace D. Arnold, Boston, Mass.

"Solly at Home and Abroad," by W. H. Swan, Colorado Springs.

"The City of Pure Politics," by Guy Hinsdale of Philadelphia.

"What I Know About the Tillman Dispensary," by C. F. McGahan, Aiken, South Carolina.

"A Tale of Three Cities," by Norman Bridge of Chicago, Los Angeles and Pasadena.

"The Ladies," by R. C. Cleemann, Philadelphia.

The party came down the mountains on Sunday, June 8th, and by special train arrived in Los Angeles that evening.

The first session was called to order by Dr. S. A. Fiske of Denver, Monday, June 9th. The sessions lasted for three days, and were very interesting and instructive.

Monday afternoon the association took a trolley ride to Santa Monica where all took a bath in the Pacific Ocean. On Monday evening the annual banquet occurred. The toasts and responses were as follows, Dr. Norman Bridge ably filling the position of toastmaster:

"The President," by Dr. S. A. Fiske, President of the Association.

"The Government in Climatology," Dr. W. E. R. Phillips.

"The Highest Climate," Dr. S. E. Solly.

"A Non-Professional View of the Medical Profession," by Rt. Rev. Jos. H. Johnson, D.D., Bishop of Los Angeles.

"The East," Dr. H. D. Arnold.

"Our West," Dr. Walter Lindley.

"The Statue of Liberty," Dr. C. E. Nammack.

Tuesday afternoon the Los Angeles Medical Association entertained the Climatological Association with a tally-ho drive over the city.

Tuesday evening, Dr. and Mrs. W. Jarvis Barlow gave a reception at their residence, to which all the members of the Climatological Association and their ladies were invited.

Wednesday afternoon they went to Pasadena and up Mt. Lowe.

Thursday they visited San Diego, Friday Catalina Island and Saturday left for Santa Barbara and the North.

During one of their business sessions Dr. Norman Bridge was elected President of the Association.

The work of this organization is very valuable to this country, and it has been a pleasure to the profession and the people of Southern California to have its meetings and its members in Los Angeles.

MASSACHUSETTS VACCINE.

In nothing is paternalism more vicious than in the efforts of the Boards of Health of St. Louis and Massachusetts to manufacture antitoxin, vac-

cine, and other serums. The great manufacturing firms like Parke, Davis & Co., and various others that we could mention, who have their reputation to support, and who are financially liable for damages in case their products prove untrustworthy, give the best guarantee of purity available.

We are specially led to this comment by the recent action of the Massachusetts Board of Health, as recounted in the Boston Medical and Surgical Journal and the New York Medical Journal. It is but a step from the position of the Massachusetts Board of Health and the St. Louis Board of Health in manufacturing vaccine and antitoxin—we say it is but a step from that, to initiating a movement for State and city boards of health to take it upon themselves to go into drug manufacturing; there is, in fact, just as much reason in one as in the other. Both the Massachusetts State Board of Health and the Boston City Board of Health acknowledge that they have found no impure vaccine on the market, and it seems to us that that does away entirely with any possible argument in favor of the State and city entering into competition with those who have, at great expense, served the public interest by embarking in the business of manufacturing vaccine and antitoxin. They are now endeavoring to get a bill passed allowing the State to manufacture and give away vaccine.

A cow, from which vaccine had been taken at some previous date, has been discovered in Boston suffering

from tuberculosis, but Dr. Azel Ames, in his testimony declared that even if the cow had tuberculosis, there was no danger of infecting the person vaccinated by the use of the vaccine. Dr. Joseph McFarland, the well-known authority in Philadelphia; Dr. John Huddleston, of New York City, and Dr. S. Francis C. Martin of Boston, all gave evidence to the same effect, and at the same time declared that vaccine manufacturers were producing the best and purest that could be made, and that there was no guarantee that a Board of Health could make as good. Dr. Walcott, chairman of the Massachusetts Board of Health, confessed his total ignorance about vaccine establishments, as shown by the following evidence:

Q. Your board has supervision of vaccine institutions?

A. Yes.

Q. What has been the condition of the institutions in this State; how many are there, one or two?

A. I really don't know.

Q. What has been the condition of those which exist?

A. Don't know.

Q. You have made no examinations whatever?

A. No.

Still these men, despite their total ignorance and general carelessness on the subject, want power to overthrow the manufacturers and become themselves, the producers of vaccine. Their conduct is certainly undignified and unworthy of a scientific body of any standing.

Instead of State boards of health

wandering off into such questionable paternalism, they had far better be doing everything possible to encourage the manufacturers who have been serving the public so satisfactorily.

H. B. E.

THE UNIVERSITY MEDICAL COLLEGE.

Just as we go to press the commencement exercises of the Medical College of the University of Southern California are taking place.

June 11th the faculty of the College of Medicine gave a banquet to the Alumni of the college and the class of 1902. The commencement exercises took place the next evening, and the address was delivered by President Benjamin Ide Wheeler. The following were in the graduating class:

M. M. Armstrong, W. E. Deering, Geo. A. Fielding, C. E. French, E. O. Hech, W. W. Hicks, E. L. Leonard, W. R. Manning, R. S. Petter, W. S. Smith, J. B. Tanner, M. Van Valkenburg, A. I. Watkins, A. P. Wilson.

At the banquet, at which Dr. Geo. L. Cole presided as toastmaster, Dr. H. G. Brainerd, the Dean, announced that arrangements are being made to establish a first-class hospital in connection with the college. This is a "consummation devoutly to be wished." It is generally understood that Dr. Brainerd, who has for many years been the very able Dean of the school, is about to resign, feeling that he has done his share of work in that direction, and that Dr. J. H. McBride will be elected Dean in his stead. If a change must be made in the Dean-ship, we know of no person to whom

the interests of the college could be more safely consigned than to Dr. McBride.

PHI RHO SIGMA.

The Delta Chapter, Phi Rho Sigma, of the College of Medicine of the University of Southern California, gave their annual banquet to the graduating members, R. S. Petter, W. M. Carter, C. E. French and G. A. Fielding. The banquet was given at the Café Del Monte, Thursday evening, May 15th. Preceding the banquet, Dr. J. H. McBride and Dr. C. W. Pierce were initiated. Forty-one persons sat down at the table, showing the prosperity of the chapter. Many of the speeches were delightful, and the whole affair was an unqualified success.

GRADUATE NURSES.

The Training School for Nurses of the California Hospital held its fourth annual commencement at Blanchard's Hall Saturday evening, May 31st. There was a very large attendance, and the graduates were recipients of a most generous quantity of beautiful flowers. The following program held the audience with intense interest:

Music

- (a) March—Creole BellesLampe
- (b) Old Kentucky Home

Arend's Orchestra

Opening Prayer...Rev. Chas. Nauman

Music

Sextette from Lucia.....Donizetti

Arend's Orchestra

Address....Rev. John L. Pitner, D.D.

Music

Violin Solo—Lullaby.....Hauser

Mr. George Grosser

Address on behalf of the Faculty—
W. LeMoyne Wills

Delivery of Diplomas—

Dr. F. T. Bicknell,
President Board of Directors
Music

Cornet Solo—The Horn in the
WoodsSchaffer

Benediction—Rev. Charles Nauman
The following is a list of the graduates:

Miss Elizabeth R. Collins, Los Angeles, Cal.

Mrs. Emma L. Cutler, Palmer, Kansas.

Miss Nellie P. Hart, Pasadena, Cal.

Miss Beulah Hawkins, Norwalk, Cal.

Miss Edith A. James, Los Angeles, Cal.

Miss Florence V. Johnson, Los Angeles, Cal.

Miss Maude L. Kendall, Pasadena, Cal.

Miss Grace S. Kernaghan, Pasadena, Cal.

Miss Florence H. Miller, Redlands, Cal.

Miss Lena Merk, Los Angeles, Cal.

Miss Mina Monte, Los Angeles, Cal.

Miss Katherine Moore, Los Angeles, Cal.

Miss Sophia M. Potschernick, Los Angeles, Cal.

Miss Etta G. Smith, Stockton, Cal.

Miss Addia V. Stanfield, Whittier, Cal.

Miss Alice Stecker, Los Angeles, Cal.

Mrs. Carrie M. Stimmel, Columbus, Ohio.

Miss Carolyn Williams, Emporia, Kansas.

Miss Erna Weed, Nestor, Cal.

At the close of the exercises the graduates, the faculty and a few of their friends, adjourned to the roof garden of the California Hospital where light refreshments were served and a delightful time, socially, was passed.

The Training School of the Hospital of the Good Samaritan held its graduating exercises at the Guild Hall of St. Paul's Pro-Cathedral, Thursday evening, June 3rd. Rev. Robert J. Burdette delivered the address. Diplomas were granted to the following young ladies:

Sara N. Caldwell.

Hertha Pahl.

A. Louise Nelson.

Pearl Eva Mathews.

Fannie A. Wheeler.

Nettie Kirby.

Gertrude L. Tobin.

Antoinette Spiers.

Thus we have in Los Angeles twenty-seven newly graduate nurses, and the practicing physician can feel sure that they have all had the practical training necessary, and shown the natural ability pertaining to good nurses. There is no work that is progressing today that is doing more good, in proportion to the numbers devoted to it, than the work of our training schools. Whether nurses, after graduation, continue nursing or not, they will always be missionaries for cleanliness and good health.

EDITORIAL NOTES.

Dr. Sylvester Gwaltney, of San Pedro, has been very ill for several weeks, but is now attending to business.

Dr. C. B. Ball, of Santa Ana, has been East attending the annual convention of Santa Fé Railway surgeons at St. Louis.

Dr. S. G. Wilson, recently of Anaheim, formerly of Los Angeles, has removed to Fillmore, where he succeeds Dr. Hinckley.

Dr. J. W. Wood, of Long Beach, has been suffering from a severe attack of pneumonia, and we are very glad to know that he is now practically well.

In the paper by Dr. Francis H. Atkins on Salicylic Intoxication, the point was omitted that the amount of salicylate of sodium which caused intoxication was 180 grains daily.

Dr. L. D. Johnson, of Whittier, had an interesting time with his automobile the other day, and the wonder is that he is alive to tell the tale and pay the bill. His automobile repairs are a great source of income to mechanics.

Joseph J. Kinyoun, M. D., formerly of the Marine Hospital Service, and who was removed from duty at San Francisco, has resigned from the Marine Service and accepted a position with a drug manufacturing firm in Philadelphia.

On May 27th Dr. Robert T. Allan of Redlands was operated upon for appendicitis by Dr. S. Y. Wynne, of

Redlands, assisted by Drs. Lasher and Bullard of Los Angeles and Dr. Tyler of Redlands. We are glad to learn that Dr. Allen is doing well.

Dr. H. B. Osborne of Kalamazoo, Mich., has recently been visiting friends in Los Angeles. Dr. Osborne is Dean of the Board of Directors of the Michigan State Asylum for the Insane. While here he paid a visit to the State Hospital at Highlands, and spoke very highly of its management.

"A New Method of Dealing with Bowel Perforations Communicating with Pelvic Abscess," is the title of a reprint of an article published by Thomas W. Huntington, M. D., of San Francisco. The article refers especially to the fistulous communications between the bowel and tubal, or tubo-ovarian abscess sacs.

Dr. Andrew Stewart Lobinger, for the past seven years Professor of Surgery in the University of Colorado, has recently come to Los Angeles from Denver. The doctor's family remains in Los Angeles while he takes a six months' tour abroad, after which he expects to make his home in Southern California.

Dr. E. R. Smith of Los Angeles has gone East to witness the graduation of his son, who is honor man in the Medical College of the University of Pennsylvania. The doctor will also attend the Saratoga meeting of the American Medical Association where he will be joined by Dr. H. Bert Ellis and Dr. Carl Kurtz.

The New York Press of May 24th reports that Clarence D. Bowen, the director of the Lewis A. Bates Co., and manager of their drug store at 739 Sixth ave., New York City, has been fined \$50 for using another preparation in place of Essence of Pepsin, manufactured by Fairchild Bros. & Foster, in filling prescriptions calling for the latter preparation. Such punishment is well merited.

Dr. J. C. Kendrick of Downey, who for nineteen years has taken hardly a day from his professional duties in the southern part of Los Angeles County, returned a short time ago from the East where he has taken a much needed rest. The doctor is Assistant Surgeon-in-General for the Pacific Coast of the United Confederate Veterans, and attended the convention of physicians and surgeons of United Confederate Veterans which met at Dallas, Texas, April 22.

The Supervising General of the U. S. Marine Hospital Service, Washington, will convene a board of officers at the Marine Hospital Bureau, No. 3 B St., S. E., Washington, D. C., Monday, June 16th, for the purpose of examining candidates for admission to the grade of Assistant Surgeon in the United States Marine Hospital Service. Candidates must be between 21 and 30 years of age. The examinations are chiefly in writing. On passing the examination, the Assistant Surgeon receives \$1600 per annum, with prospect of advancement to \$2500 per annum. When quarters are not provided, an allowance of

\$30, \$40 and \$50 a month is made, according to grade. This is an excellent opening for the young practitioner.

Henry Waldo Coe, M. D., of Portland, Oregon, made us a pleasant visit a short time ago. He had been East and was on his way home. Dr. Coe is one of those active, forceful, genial men whose presence is always a delight. We trust that the next time he comes to Southern California he will stay with us long enough for the profession at large to have the privilege of meeting him. The Alienist and Neurologist of St. Louis says:

"He is withal a genial, jovial cultured, companionable gentleman, like so many others of his cordial-souled confrères of America's occident. He has been an effective force in the uplifting and advance of psychiatry in his own and adjoining States, and the genial rays of his professional influence and warm personality are felt by his brethren and by the people of the whole country."

On Thursday evening, May 6th, the Orange County Medical Association held its annual meeting and installed the recently-elected officers. After the installation, the members of the association and invited guests sat down to a sumptuous banquet. Dr. H. S. Gordon, of Westminster, was toastmaster, and the following toasts were given and responded to: "Life and Its Minister—Medicine." Dr. J. P. Boyd; "The Bedside Doctor," Dr. J. L. Dryer; "The Orange County Medical Association—Is It Fulfilling Its

Mission?" Dr. F. M. Bruner; "The Doctor's Wife," Dr. W. B. Wood; "The Physician's Ambition," Dr. F. E. Wilson; "Medical Progress," Dr. D. W. Hasson; "A Bitter Pill," Dr. William Freeman; "Our Guests," Dr. R. A. Cushman. The association's officers elected for the ensuing year are: President, Dr. J. P. Boyd; vice-president, Dr. William Freeman; secretary, Dr. J. L. Dryer; treasurer, Dr. C. D. Ball.

Surgeon-General Walter Wyman, of the Marine Hospital Service, has established a Yellow Fever Institute for the investigation of Yellow Fever, its cause, means of spread, history, statistics, quarantine management and therapeutic treatment, the prime object of which is to stimulate the spirit of scientific investigation among officers of the corps, and to secure the cooperation of all who are interested in the solution of these very important questions. The first bulletin is just issued, and the first article is by M. W. Glover, M. D., Assistant Surgeon of the Marine Hospital Service. Subject, "Yellow Fever. Why did not New Orleans have it in early times, while Boston did?" The second article is by J. M. Eager, M. D., Past Asst. Sur. Marine Hospital Service. Subject, "Yellow Fever in Europe." A general historical review. The third article is by the same author; the subject, "Yellow Fever in Spain." The fourth article is by S. B. Grubbs, M. D., Asst. Sur. Marine Hospital Service. Entitled, "A Note on Mosquitoes in Baggage." This makes a very valuable pamphlet, and we congratu-

late the profession on the interest Gen. Wyman is showing in this important matter.

The M. J. Breitenbach Company, manufacturers of Gude's Pepto-Mangan, have recently won a great victory in the Massachusetts courts over Henry Thayer & Company, who, according to the decree, had used wrapper and package for its preparation of iron and manganese to deceive the public and be passed off as Gude's Pepto-Mangan. The decision goes on to say: "Ordered, adjudged and decreed, that the defendant, Henry Thayer & Co., its directors, officers, agents and servants, be, and hereby are, enjoined from making or using in any way the terra-cotta colored wrapper, with white letters thereon, and the package in connection therewith, for its preparation of iron and manganese, as they imitate and copy the wrapper used by the M. J. Breitenbach Company for its Gude's Pepto-Mangan. The court also prohibits Henry Thayer & Company from selling or offering for sale, any preparation of iron and manganese in any package or wrapper of a terra-cotta color with white letters of the same style, shape and general arrangement of those used by the M. J. Breitenbach Company. The court also ordered Thayer & Company to deliver forthwith, to be destroyed, all the terra-cotta colored wrappers and packages aforesaid, which they may have on hand, or in stock, or under their control. The court also ordered Thayer & Company to account to the M. J. Breitenbach Company for all profits

which said Thayer & Company had made from sales, and for all profits which Breitenbach & Company would have made in the sale of its Gude's Pepto-Mangan, but for the use by Thayer & Company of its wrapper and package, and also awarded damages to Breitenbach & Company for injury to reputation and standing of their preparation known as Gude's Pepto-Mangan, by reason of the said use of packages and wrappers."

We gladly call attention to the above decision, which is just and right, and far-reaching in its effects.

We have received as a reprint, from the Medical News of May 3rd, a pamphlet entitled, "Another Chapter on Phthisiophobia, and Resolutions Adopted by the New York Academy of Medicine" by Dr. S. A. Knopf, No. 16 W. 95th Street, New York City. The paper refers especially to the prohibition of the landing of tuberculous cases in America, and in conclusion Dr. Knopf says:

"It may not be without interest to add to this second chapter on phthisiophobia a few explanatory notes, and also to show the attitude which our highest official, the President of the United States, Theodore Roosevelt, takes in this matter. As it will be recalled, Mr. Francis Tracy Tobin, of Philadelphia, appeared several

months ago before the United States Circuit Court in Brooklyn on behalf of Thomas P. Boden, a well-to-do Irish immigrant, who had been detained by the immigration authorities because he was suffering from pulmonary tuberculosis. My testimony to the effect that pulmonary tuberculosis was not a dangerous contagious, but only a communicable, malady, that the contact per se could not transmit the disease, and that ordinary precautions with the patient's sputum and other secretions would suffice to do away with all danger of infection was overruled by the judge upon motion of the counsel for the Government. Exception was taken by Mr. Tobin for the purpose of enabling him to bring this matter before the Supreme Court of the United States for decision.

"Upon the request of Mr. Tobin I gave a written opinion on the aspect of the case, quoting also the various European and American authorities on the subject of the communicability of pulmonary tuberculosis. Mr. Tobin enclosed a copy of this opinion in a direct appeal to the President of the United States, and Mr. Roosevelt immediately issued an order for Boden to land. I hope that this example of our honored President will put a stop to all further manifestations of official and private phthisiophobia."

BOOK REVIEWS.

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES.—Embracing the entire range of Scientific and Practical Medicine and Allied Sciences: By Various Writers. A new edition completely revised and re-written. Edited by Albert H. Buck,

M.D. New York City. Volume IV. Illustrated by numerous Chromolithographs and Four Hundred and Ninety-eight fine Half-tone and Wood Engravings. Sold by subscription at the following prices—In Extra English muslin binding, per volume

\$7—In Brown leather, raised bands, per volume, \$8—In Extra Turkey morocco, English cloth size, per volume, \$9. New York, William Wood and Company, 1901.

The fourth volume of this magnificent work takes its place, apparently with pride, on our library shelf. But it is not a book for dress parade alone; it will be frequently referred to, not as a dictionary, but to study, as it contains many exhaustive treatises. Take the section on the foot occupying 48 pages; Anatomy, Physiology, Deformities and treatment. The chapter on Fractures covering 21 pages is thoroughly illustrated and up to date in treatment. Twenty pages are given to Goitre and Cretinism. The author says: "The use of thyroid gland extracts in the treatment of cretinism has brought about remarkable results. It is true that these have been more brilliant in the case of sporadic than in that of endemic cretinism; but it has not been systematically tried in the latter, and there are other factors of influence in the development of the disease. The successes obtained are, however, a strong confirmation of the view that cretinism is consequent upon disturbance or absence of the thyroid function." The chapter on Gunshot Wounds is of interest in these times of war. Headache forms the subject of an instructive chapter. The functional forms of headache are classified and subdivided as follows:

Toxaemic—

1. Retained excrementitious substances.
2. Products of defective metabolism.
3. Infectious germs or their toxins.
4. Various drugs.
5. Graves' disease.

Neuropathic—

1. Neurasthenia.
2. Hysteria.
3. Epilepsy.

Reflex—

1. Ocular.
2. Gastric.
3. Nasopharyngeal.
4. Auditory.
5. Dental.
6. Uterine.
7. Sexual.

Circulatory—

1. Hyperaemia.
2. Anaemia.

Migraine.

The whole volume is worthy of study and indispensable as a work of reference.

JACOBSON. THE OPERATIONS OF SURGERY.—By W. H. A. Jacobson, M.Ch., Oxon., F.R.C.S., Surgeon to Guy's Hospital; Consulting Surgeon Royal Hospital for Children and Women; Member Court of Examiners Royal College of Surgeons, etc.; and F. J. Stewart, M.S., London, F.R.C.S., Assistant Surgeon Guy's Hospital and to the Hospital for Sick Children. Surgeon in Charge of the Throat Department, Guy's Hospital. Fourth Edition, Revised, Enlarged and Improved. 550 Illustrations. Two Volumes:—Volume I,—Operations on the Upper Extremity; Operations on the Head and Neck; Operations on the Thorax. Volume II,—Operations on the Abdomen; Operations on the Lower Extremity; Operations on the Vertebral Column. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1902.

The publishers very pertinently say: "Among its many distinctively special features there is one, in which it differs vastly from all other works of its class, to which we would respectfully direct your attention. Jacobson's Operations of Surgery is not intended only for those of great surgical experience and skill, but is intended largely as an authoritative guide for the general physician and hospital resident who, in emergencies where immediate surgical intervention is demanded, must act quickly and often rely solely upon his own judgment."

Part first is devoted to Operations on the Upper Extremity; part second to Operations on the Head and Neck, and part third, which concludes volume 1, is devoted to Operations on the Thorax. Volume 2 contains part four, Operations on the Abdomen; part five, Operations on the Lower Extremity, and part six, Operations

on the Vertebrae. This classification makes it very easy to find the description of every operation. Each operation is described in good, plain Anglo-Saxon, with the assistance of excellent illustrations. While this is the work of two noted English surgeons, yet in intestinal surgery America holds the floor. It seems to us the technique of the use of the Murphy Button is the best we have seen. While Senn's Plates are also fully described and illustrated. In the very full account of appendicitis that appears in volume 2, Morris, Mynter and McBurney each receive due credit. In the section devoted to the surgery of the uterus and its appendages, "Howard Kelly" appears on almost every page, while the names of Drs. Baldy, Stinson, Baer and other American surgeons appear with sufficient frequency to satisfy our national pride. The work is a fair, convenient, useful presentation of the modern operative field.

INTERNATIONAL CLINICS.—A quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., with the Collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00 Volume 1, 12 Series. \$4 Illustrations—3 Colored Plates.

The present volume has introduced something new in the way of biographical sketches of eminent living physicians by Guy Hinsdale. In this volume sketches of the lives of S.

Weir Mitchell and Dr. John A. Wyeth are given, together with a number of interesting cuts illustrating the clinics of the two eminent medical gentlemen. An article of some interest follows by Arthur B. Meigs on the use of opium in daily practice. It is rather refreshing to see a chapter given, in these days of craze for new things, to a drug which is so commonly used. It is a commendable departure. The next chapter by Dr. Boas of Berlin on the subject of "Habitual constipation" is of interest and reminds us that it would be profitable to devote more attention to the ordinary troubles that so frequently come to the physician than to be constantly seeking something new. A chapter which will not be read with as much enthusiasm, by the people of Southern California at least who believe there is but one climate in the world, is that on the climate of New England by Dr. Hinsdale. He quotes Warner as speaking from experience who says, "A New Englander is a person who is always just about to be warm and comfortable. That is the stuff of which heroes and martyrs are made."

The article on page 107 by Dr. John C. Hemmeter on Gastro-Intestinal Autointoxication is of special interest to obstetricians. The article on page 187 by Dr. A. Boissard on "The contest Between the Advocates of Symphyseotomy and the Partisans of Caesarean Section," is of value.

This volume closes by a review of the progress of medicine during the year 1901 by Edward W. Watson. This chapter covers Neurology, Toxicology, Therapeutics, New Remedies, Surgery, Obstetrics and Gynecology, and Pathology, with some six pages devoted to new instruments and devices, and a short article on "The Eightieth Birthday of Rudolph Virchow," and a brief article on "The Death of Presi-

dent McKinley," giving the facts concisely, together with the autopsy findings and a few words concerning the assassin.

The volume is a very interesting one.

PROGRESSIVE MEDICINE. VOL. 1, 1902. A quarterly digest of some of the latest and improvements in the medical and surgical sciences. Edited by Amory Hare, M.D., Professor of Therapeutics and Medical Jurisprudence in the University Medical College of Philadelphia. Octavo. Handsomely bound in cloth. 16 colored illustrations. Per volume \$2.50, by express prepaid to any address. Per annum in four cloth-bound volumes, \$10.00. Lea Brothers and Co., Philadelphia and New York.

The reasons for the great success of this periodical are not difficult to discover. The editors of the different departments are men of the highest standing as teachers and practitioners, and the selections which they make from the world's current literature for abstraction and critical review may be confidently relied on to represent all that is best in the most recent medical writings. The contents of each volume are chosen with the view of presenting what will be of the greatest practical value to physicians, no matter what may be their line of practice or the nature of their work.

In Volume 1 for 1902 the surgery of the head, neck and chest is considered by C. H. Frazier. The account of recent wonderful progress in the surgery of the Gasserian ganglion, and of the heart will at once attract the attention of all thoughtful medical men. There is no physician who can afford to overlook the immense value of the knowledge that a wound of the heart may be operated upon with as little hesitation as a wound of the brain, and that in pericarditis with effusion, tapping the heart is entirely practicable. His discussion of the subject of abscess of the lung is a specially interesting one, dealing with the pathology, diagnosis and treatment.

In the treatment he gathers together the statistics of Reclus, Shultz and others on operated cases. As a result he makes this statement: "These statistics are a striking demonstration of the marked increase in the percentage of recovery during the past ten and particularly five years. The advance in the treatment of these pulmonary lesions must be attributed chiefly to earlier recognition and more prompt submission to treatment."

The section on infectious diseases by F. A. Packard deals with typhoid fever, tuberculosis, and the various eruptive diseases, the constant progress in the study of which is revolutionizing all our previous ideas regarding their diagnosis and treatment. He begins the article by saying that, "the whole question of the transmission of disease by insects is, we may say, still in its infancy." Floyd M. Crandall writes of the diseases of children; the importance of pediatrics to the general practitioner is daily emphasized and a knowledge of the recent advances in the science of infant feeding has been rendered absolutely necessary.

The section on pathology by Ludvig Hektoen is a summary of the work being done in a science which underlies every department of medicine and yet with which it is impossible for the clinician to familiarize himself unless studied through some such medium as the present.

Laryngology and Rhinology are written of by St. Clair Thomson, their relation to general diseases coming in for special consideration.

R. L. Randolph's section on otology concludes the volume, discussing various problems of otology which bring it into relation with the general practice of medicine.

The very complete index which accompanies the book renders it easy to consult. These quarterly volumes

may be regarded as a progressive text-book of medicine, containing as they do contributions which cover every field of medicine and surgery, and written by men who know exactly what is of the greatest value to the practitioners for whom they write.

DAVENPORT'S DISEASES OF WOMEN. A Manual of Gynecology for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., Assistant Professor in Gynecology, Harvard Medical School. New 4th Edition, revised and enlarged in one 12mo volume of 412 pages, with 154 illustrations. Cloth, \$4.75, net. Lea Brothers and Co., Publishers, Philadelphia and New York, 1902.

This compact volume seems to have been prepared for a two-fold object: first to give to the student in clear terms and with sufficient detail the best methods for examination, and the most trustworthy therapeutics of the more frequently met diseases of the female pelvic organs, and second to assist the general practitioner in understanding and successfully treating the gynecological cases which he meets in his every day practice. For the sake of brevity and clearness the author describes only such treatment as in his large experience has proved to be of the greatest practical value. Special attention has been paid to many minor points which, although of great importance, have strangely enough been omitted from the larger treatises on the subject. Maximum practicality has been the aim of its author, and the demand which has rendered necessary the printing of four large editions shows clearly the esteem in which his work is held by the profession.

The volume has been carefully revised to the latest date. Considerable new matter has been added, as well as several new illustrations, but no advance has been made in the price.

THE FREETHINKER'S MANUAL, containing the description of the soul and the nature of the Human and Animal Soul, an ex-

planation of Thought, Dream, Death and Life; the Illumination of the Brain, the Fecundation, the Storage Batteries in the Human and Animal Body; an Explanation of Fever, Disease, etc., etc. By Prof. Dr. Baur, Physiologist, H. F. Herbert, Electrician, and a great number of Scientists. Understand! I am non-moral. Philadelphia, Pa., Radical Publishing Company, 1902.

QUAIN'S DICTIONARY—A Dictionary of Medicine, including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children, by various writers, originally compiled by Sir Richard Quain, Bart., M.D., L.L.D., F.R.S., with the assistance of Frederick Thomas Roberts, B.Sc., M.D., F.R.C.P., and J. Mitchell Bruce, M.A., M.D., L.L.D., F.R.C.P. Third Edition largely rewritten and revised throughout, edited by H. Montague Murray, M.D., F.R.C.P., joint lecturer on Medicine, Charing Cross Medical School, and Physician to out-patients, Charing Cross Hospital; Senior Physician to the Victoria Hospital for Children, Chelsea and to the Foundling Hospital, assisted by John Harold, M.B., B.Ch., B.A.O., Physician to St. John's and St. Elizabeth's Hospitals, and Demonstrator of Medicine at Charing Cross Medical School, and W. Cecil Bosanquet, M.A., M.D., M.R.C.P., Physician to out-patients, Victoria Hospital for Children, Chelsea and Pathologist to Charing Cross Hospital; Late Fellow of New College, Oxford. Half-Morocco, stamped. Special features of the New Edition: It is written by 284 contributors, including the most eminent Specialists. It has been brought thoroughly up to date. It contains 1912 pages. It contains 17 new plates, 14 being in colors. D. Appleton & Company, Publishers, 72 Fifth Ave., New York.

This standard dictionary in its new form, and elegantly bound, preserves the general scheme that was planned by the late Sir Richard Quain and his assistant editors, and the special emphasis laid on the diagnosis and treatment of disease has been maintained, although the pathology and ideology have also been very carefully considered and revised. Recent changes on surgery and medicine receive full recognition, and more space has been allotted to what are generally known as "Special Branches." The illustrations are satisfactory. This is an excellent work of ready reference for the practitioner and student of medicine.

THERAPEUTICAL HINTS.

SANGUIFORM. — Sanguiform, a chalybeate tonic containing true organic iron, is referred to in the advertisement of Messrs. John Wyeth & Brother, appearing on another page. There is an obvious and well-known resistance to the absorption of the various salts of iron as ordinarily offered the physician, however soluble those salts may be, but when the inorganic state is rendered into an organic condition, it is then reasonable to believe that an advance step has been made, and an hitherto great obstacle to the applied usefulness of iron as a reconstructive blood component is overcome. In Sanguiform, iron is presented in organic form in complete combination with the other elements of normal, healthy blood, and affords the physician the opportunity of prescribing for his patients a most valuable reconstituent in the most assimilable form.

Messrs. Wyeth & Brother solicit the correspondence of physicians relative to Sanguiform.

Ecthol is an American preparation made from a mixture of the fluid extract of *Thuja* and *Echinacea Angustifolia*. The latter is a plant belonging to the natural order Compositae, which grows in North America. The fresh root of this plant is in high favor with the Indians as an antidote against the bites of serpents. Dr. Stinson found that this plant promotes the flow of saliva, is a mild and inoffensive antiseptic, and, above all, an aphrodisiac. It is employed in malaria, in typhoid and in diseases of the stomach as well as locally in the form of an aqueous solution of the fluid extract as an aphrodisiac. In addition, it may be given internally in the form of a fluid extract or

a tincture. Ecthol is said to be the most powerful antagonist of suppuration. According to Meyer this substance has a powerful effect in toxemias. Parker, Webster, Snyder and Russell have shown that it is of great service in infectious diseases, in septic wounds and in the bites of serpents, as well as in chronic catarrhs. —N. Y. Medical Journal, March 15, 1902.

CONTAGIOUS DISEASES.

Persons attending a contagious case should change clothing on leaving and entering the isolated apartments. Dresses of washable material should be worn.

Inhalation of the patient's breath and infectious particles of matter should be carefully avoided, also touching with the lips any food, drink cup, spoon or other article that the patient has touched. After handling the patient the hands should be carefully washed, dipped in a mixture one part of Platt's Chlorides and ten parts of water, rinsed in pure water, dried and finally rubbed with cocoabutter or cold cream. Should there be any scratches, cuts or sores on the hands, the occasional application of flexible collodion will obviate infection. No cloth or towel that has been near the patient should be used in wiping or drying the face or hands.

At the recent meeting of the Arizona Medical Association Dr. Whitman of Tucson was elected first vice-president. Dr. Whitman is a graduate of the Medical College of the University of Southern California, and during his student days in Los Angeles gave promise of the success which he has attained.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, JULY, 1902.

No. 7

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

CASE OF CROUPOUS PNEUMONIA TERMINATING IN GANGRENE OF THE LUNGS.

BY F. W. THOMAS, M. D., CLAREMONT.

The history of this rather unusual case is as follows: Male, age 13, previous health good, but not a robust child. Father healthy, mother tubercular. On the 17th of November, after feeling drowsy a few hours, he was taken with a severe chill, which was soon followed by congestion of the lungs, causing intense pain and violent coughing. Temperature 102 Fahrenheit, pulse 120, respirations 30 per minute. On the following day the temperature and pulse were slightly lowered, but the crepitant rale was well marked over the lower lobe of the right lung. For three days patient seemed to improve under treatment of mild doses of calomel, free use of tincture of aconite and quinine sulphate, together with the necessary anodyne.

On the fifth day of his illness, the patient was seized with a severe chill, and in a few hours another followed, which was succeeded by high fever with a marked flushing of the face, neck and chest. There was dullness over the lower lobe of the right

lung; the feeble respiratory murmur was bronchial, and respirations were well marked; expectoration was free, the rusty sputum was present; perspiration was profuse; dyspnoea pronounced; the tongue dry, and the face anxious and pinched,—all typical of severe croupous pneumonia.

On the morning of the 25th at 9 a.m., temperature was 104, pulse 140, respirations 35. A new feature appeared at this juncture in the form of severe pain in the end of the third finger of the left hand; swelling and redness were present, although there was no history of injury. Stimulants in the form of strychnia, whisky, digitalis and carbonate of ammonia were administered regularly and freely.

On the 26th another chill occurred, and dullness was found over the lower lobe of the left lung as well as the right. The following day the symptoms were all grave; temperature 105½, pulse 140, respirations 50 per minute. Patient complained bitterly of the pain in the finger, which

*Read at the 29th semi-annual meeting of the Southern California Medical Society, at Idyllwild, Riverside Co., May 22nd and 23rd, 1902.

had now assumed a dark greenish color. An incision was made in the swollen portion, and a dark-colored watery fluid of most offensive odor escaped. This was followed by a lowering of the temperature and pulse, but the next day pain was complained of in the left elbow and the great toe of the right foot. Both parts were quite red and swollen. The patient was now in the typhoid condition; prostration, delirium, carphologia and subsultus tendinum were all present. By the 28th, solidification of both lungs was well marked, and the expectorated matter was dark colored, contained pus, and the odor, which corresponded to that of the breath, was intensely foul and putrid, indicative of gangrene of the lungs. On the following day the patient became drowsy, the bowels were tympanic, urine and feces passed involuntarily, and the affected finger began to slough.

At 3 p.m., on the 30th, the temperature was $105\frac{1}{2}$, pulse 140, respirations 45. Cold applications with large doses of quinine reduced the temperature to 102, and pulse 120, in one hour's time. The right foot was now greatly swollen and very painful, while the gangrenous finger began to wither up. Notice the extreme points of infection: left hand and right foot.

On December 1st, at 4 a.m., a chill came on which was followed by collapse, temperature dropping to 97 degrees, and pulse 90. Urine and feces again passed involuntarily, and the patient soon passed into a semi-comatose state. Atropin and strychnine were administered hypodermically, and whisky and milk per rectum. At 10 a.m. the temperature was 102, pulse 120, respirations 50. Fluctuation was now detected over the metatarso-phalangeal articulation of the great toe of the right foot. An incision was made and a large quan-

tity of foul pus was discharged, the odor being indential with that of the breath, the expectorated matter and the finger when it was incised. Patient gradually sank and died at midnight of the same day, after two weeks' illness.

Two days later a post-mortem examination was made. The lower lobes of both lungs were very much broken down, presenting the appearance of cavities with ragged walls, and particles of shreds and pus, showing the invasion of lung tissue by the gangrenous process. The color was that of a dirty brownish-green, and the odor that characteristic of gangrene and such as was present in the breath and sputum before death. The respiratory vessels and bronchial tubes were filled with coagula and pus. The upper portion of the lungs was of a grayish, mottled appearance. The spleen was entirely broken down, and in appearance was almost identical with the gangrenous portions of the lungs, while the liver was much enlarged, and in its structure were found several centers of pus formation, from the size of a pea to that of a walnut. Nothing unusual was noticed in the other organs.

This case is presented in support of the theory that gangrene of the lungs can take place as a sequence of croupous pneumonia in the young, a question disputed until recently. According to some investigators, gangrene is said to be a termination of croupous pneumonia in about 2 per cent. of all cases in old and young, and when it does occur, it is in those patients with great vital depression, or chronic alcoholism, or when there are intense septic conditions present. Interference with the blood supply, as in the case just reported, causing the formation of pulmonary or bronchial thrombi, leads to its development, and the

process is undoubtedly the result of bacterial invasion and putrefaction, probably the staphylococcus albus or aureus. It is only when the lung tissue has become so impaired or peculiarly altered that the specific bacteria are capable of producing gangrene. In traumatic conditions of the bronchial vessels or other tissues, an embolus derived from a gangrenous area in some other organ of the body may lodge in the lung and set up putrefactive changes. Likewise, emboli may pass from the lungs and form foci of infection into other organs, as the autopsy revealed in this case.

Gangrene of the lungs has been known also to follow typhoid fever, diabetes, diphtheria and carcinoma of the esophagus. The process is usually limited to a small area of lung tissue, but it may invade large tracts and be either circumscribed or diffuse.

Lawrence has the credit of first identifying and naming this disease, and as we search the statistics of the affection we do not find many cases reported, even in general hospitals, of either Europe or America. What figures we do find show a large preponderance of males in the liability of attack.

The diagnostic features, in addition to those of pneumonia, are the dirty green pus and mucus in the sputum, which, together with the breath, give off an intensely characteristic fetid odor, which once having been experienced, will not soon be forgotten by anyone coming in contact with the case. If pneumonia be the precedent or associated disease, it will probably be marked by unusual restlessness, dullness or distress of countenance, delirium, dry tongue, copious prune-juice expectoration with the foul odor and irregular temperature. If the cause be of embolic origin, as we think it was

in this case reported, local manifestations of general sepsis may show themselves as in this case upon the extremities in the form of metastatic abscesses, although this must be rare. The microscope has shown that the sputum contains fat acid crystals, large fat drops and masses of free black pigment, and in some instances infusoria of the family of monads.

Occasions may arise when differentiation between gangrene and abscess of the lung, or fetid bronchitis, would be difficult; yet in the former disease the odor is more characteristic, and the whole system much more profoundly affected than in either abscess or bronchitis, where the pus formation is more circumscribed.

The pathology of gangrene of the lungs is not yet fully settled. Over fifty years ago Stokes published his eighteen propositions, embodying his experiences, which have not materially changed, except as modern bacteriology has modified them. He anticipated the theory of modern pathologists by announcing that a process of putrefactive secretion precedes in many cases the death of the lung. Kohler affirms that the septic material produces a fibrin-ferment and thereby capillary thrombosis and death.

The course of the disease is usually rapid, tending towards a fatal end. Supportive measures, stimulants and heart tonics with the necessary antiseptics, constitute the main outline of treatment. For the former, strychnia, digitalis and whisky are indicated, while the use of creosote and carbolic acid, either internally or in the form of sprays, are recommended. Surgical interference, by opening the chest wall, and evacuating the pus and cleaning with antiseptics is indicated in

certain cases where the diseased process is near the chest wall, and the patient's condition will warrant the operation. But on the whole, treatment is not very satisfactory as

regards saving life, except in rare instances, when recovery may take place. Supportive measures, suitable to the individual case, with tonics and stimulants, are chiefly indicated.

ON THE IMPORTANCE OF EARLY RECOGNITION AND TREATMENT OF MASTOIDITIS.*

BY E. W. FLEMING, LOS ANGELES, CAL.

It is a universally accepted principle of medical science that the prevention of disease is the most valuable service which the medical practitioner can perform and should be, therefore, always before him as one of his chief aims in the pursuit of his professional duties.

It follows logically that the next most valuable act to the prevention of disease is the prevention of its full development. In other words, the value of the physician's services are in just inverse proportion to the lateness of the application of his remedies.

When a case comes under his observation and care at the very inception of a pathological process—if that process be one which is at all amenable to medical and surgical skill—he will be able to save his patients, no one knows how much distress and suffering, besides all the dangers incident to extension of the disease and complications to the other parts or organs of the body.

In inflammatory diseases of the middle ear and adjoining structure, this statement applies with a force that only those can appreciate who are familiar with the natural history of these affections, and with the rapidity and severity of the alarming complications which sometimes follow.

Even an apparently simple catarrhal inflammation of the middle ear must

not be regarded as an indifferent matter, for it may terminate as a suppurative process. A suppurative process must be viewed as a much more serious condition, because of the imminent danger which exists of involvement of the mastoid cells; and when mastoid empyema is once present, we must redouble our efforts to prevent a further extension of the disease and the very grave complications which may arise by involvement of the lateral sinuses, the meninges, the cerebrum or cerebellum.

It behooves us, therefore, to familiarize ourselves thoroughly with the early symptoms connected with middle ear inflammation and to be able to recognize all the signs of its progress and invasion of new parts. It behooves us to keep a possibility of this unfavorable course always in mind when we have to do with inflammation in this neighborhood, and it behooves us furthermore to hold a strict watch over such patients and be ready to act upon the proper indication for surgical intervention.

There are two recognized forms of mastoid inflammation: One superficial mastoiditis, sometimes called mastoid periostitis; the other mastoiditis profunda, or interna being the form generally meant, unless the former be specified.

SUPERFICIAL MASTOIDITIS.

Arises, as a rule, by an extension of

*Read before the Los Angeles County Medical Society, March 21, 1902.

the disease from the meatus through the gap left in the roof of the bony meatus by the incompleteness of the vaginal process in this position; from here it finds its way along the fissure between the vaginal process and the mastoid bone, and so getting under the periosteum, makes its appearance on the mastoid process itself. Sometimes this process extends upward and forward to the temporal fossa, producing swelling and deep seated fluctuation in this position.

In some cases of superficial mastoiditis there may be extensive oedema, not only over the mastoid process itself, but also the adjacent parts of the neck; nevertheless in these cases pus is not generally found on incision, and if rigid antiseptic and antiphlogistic treatment is carried out, may terminate without suppuration.

This is the class of cases in which the so-called Wilde incision is recommended to be made. It consists simply of a free incision right down to the bone and through the periosteum. In the early stage of superficial mastoiditis, it seems to exert a beneficial influence over the course of the disease, relieving tension and depleting the inflamed parts. Later on, when suppuration has taken place, the Wilde incision is useful in providing an exit for the pus, and so preventing its burrowing further in the surrounding tissues.

DEEP MASTOIDITIS

Is that form of the disease in which the antrum and the other mastoid cells situated in the substance of the bone become involved. It is possible that such an inflammation may take place independently of middle ear suppuration; cases have been reported in which this is supposed to have occurred as a result of influenzal infection, and besides there is said to be

such a thing as primary mastoiditis of diabetic origin. These cases are, however, the rare exception, and, generally speaking, mastoid inflammation results from extension of the disease either through the antro-tympanic cavity, which is the commoner way, or the disease may be conveyed more or less directly to the mastoid cells by the canals in the posterior wall of the osseous meatus.

It seems now to be the general acceptance among pathologists that every acute otitis is accompanied by greater or less degree of mastoid implication. This may be but a mere congestion but generally in cases of profuse suppuration, it is probable that a certain share of the secretion is contributed by the antrum and other cells.

This being true, it is evident that every case of otitic inflammation should be regarded suspiciously and treated with a view to preventing, as much as possible, any progress toward mastoid suppuration.

We do not know a great deal that is definite as regards the bacteriology of inflammation in this locality. Studies have been instituted and certain pretensions are made on the part of some investigators, as to the specific action of various germs, but, generally speaking, they are discredited. We know that there is a decided tendency for middle ear suppuration and mastoiditis to arise in the course of measles, scarlet fever, influenza, diphtheria, and typhoid fever, but the precise part which the specific microorganisms of these diseases play has not been definitely determined. There are, however, one or two points in regard to the bacteriology worth bearing in mind.

Generally speaking, the microorganisms most frequently found are the pneumococcus, the staphylococcus, and the streptococcus. The streptococcus

pyaemias plays the most important rôle in the otitis of scarlatina and influenza, and in most cases of otitis attended with complication. When the streptococcus is found in the pus, even though the evidences of mastoid involvement are very slight, the prognosis is rendered always more grave and the chances of operative interference being necessary are accordingly increased. And when, in a streptococcic infection, mastoid suppuration does occur, there is generally a very rapid extension of the disease from one cell to another, and an early breaking down of the walls between the cells, causing the formation of larger foci of suppuration.

Pneumococci is found in most cases of acute otitis, due to other causes than those mentioned, and, though ordinarily destructive to bone, these micro-organisms are known to sometimes lie for a long time dormant in the recesses of the temporal bone.

Since it is of such transcendent importance to early recognize the presence of a mastoiditis, let us briefly consider the symptoms that are presented; let us measure their relative value in establishing a diagnosis, but especially their weight in deciding upon the advisability of operative interference.

One of the most constant symptoms of all varieties of mastoid inflammation—unless perhaps that of a tubercular nature—is pain. It is usually severe, deep-seated pain, but generally not so sharp as that of acute otitis preceding the rupture of the drum head. There may be only a sense of oppression or fullness behind the auricle. It may be most felt in the squamous region of the temporal bone, or the pain may extend into the muscles of the neck.

Of greater importance in establishing an early correct diagnosis than

the mere spontaneous pain, is the pain on pressure or tenderness. This may be most marked over the tip of the mastoid, but is very significant when observed in the depression just behind the posterior wall of the meatus. It is a general indication here that the antrum is involved.

In most cases of mastoiditis there will be found more or less redness and swelling of the integument of the mastoid process. In some cases this sign is not very marked, but in others, in which there may be considerable external periostitis, it is one of the most prominent symptoms of the disease.

We should mention next a very important sign, derived from examination of the canal of the ear. When, upon making such an examination, it is found that the posterior and upper walls of the meatus are swollen and bulging into the canal so as to greatly narrow its lumen, in connection with the symptoms just mentioned, we may consider that the diagnosis is no longer in doubt.

The discharge in cases of mastoid suppuration is generally profuse, creamy or sanguinolent, and may be foetid. It is significant, when a discharge which has been profuse suddenly lessens, at the same time that the pain and other symptoms increase.

There is always present more or less constitutional disturbance, especially fever, with headache, malaise and coated tongue. The fever, except in children, is not generally high, ranging from 100° to 102° F.

In addition to these symptoms which are those of mastoiditis proper, others may set in, indicating an extension of the diseased process which may be looked upon as confirmatory of the diagnosis of mastoid involvement. Such symptoms are those of facial paralysis, rigors followed by high temperature, vomiting, vertigo, uneven

pupil, paralysis, aphasia and evidence of mental hebetude. When such symptoms are observed, the case becomes alarming, as we have to infer that the meninges, or the lateral sinus, or the cerebrum or cerebellum is involved, and of course that a radical operation is at once demanded.

It being settled in our mind that a patient has already a beginning mastoiditis, what shall we do? What trust may we justly place in ordinary antiphlogistic treatment, and to what extent may we temporize? When is the time come for radical operation? These are questions which it is difficult to answer in the abstract; in fact they are questions which the most experienced surgeon will have great difficulty to answer in particular cases. We believe that some cases of mastoid suppuration will undergo resolution and result in recovery without operation. Indeed, if it be true, as is stated that, in nearly all cases of middle ear suppuration, some of the pus comes from the mastoid, this termination must be more frequent than generally believed. Nevertheless, when those symptoms of mastoid disease are present, which we have above mentioned, it generally points to such grave mastoid inflammation as will not terminate favorably without the use of the knife.

But let us suppose ourselves before a doubtful case. We will take a type that is very common. There has been the usual history of acute suppurative otitis, severe otalgia, followed by rupture of the drum-head and external discharge of pus.

There is a profuse discharge of pus for twenty-four hours, and now the patient again complains of pain in the auricular region. We examine and find no external signs of inflammation. There is no redness nor swelling over the mastoid process, and upon otoscopic inspection, we can detect no bulg-

ing or prolapse of the posterior wall of the meatus. On forcible pressure over the mastoid, however, especially just behind the meatus, we discover slight tenderness.

The evidence is in favor of beginning involvement of the mastoid, but it cannot be said that the symptoms are sufficiently pronounced to justify immediate surgical intervention. The indications are urgent, however, for the industrious application of the best prophylactic measures.

First of all, we must insist that the patient shall remain at home, and rest for the most part in bed, according to the constitutional symptoms which may happen to be present. Then we must order persistent antiphlogistic local treatment—especially the application of cold over the mastoid process. This may be done either in the form of an ordinary ice-bag, or by the use of the Leiter coil.

Authorities differ as to how long we should continue the cold application—some saying that it should be continued as long as it does good, others that it should not be kept up longer than 24 or 36 hours.

The objection to its prolonged use is that it tends to mask the symptoms, the pain and tenderness lessen, and the patient is apt to experience such relief that great danger exists that we may be deceived into a feeling of false security.

There can be no doubt, however, of what course should be pursued where, in such a case, the ice application fails to improve the condition. If the tenderness does become less pronounced, and the local inflammatory signs decrease, if the discharge shows no evidence of abatement and the expression of the patient does not improve in, let us say, in 24 or 36 hours—operation must be regarded as inevitable. Of course,

careful antiseptic measures must prevail throughout.

The discharging ear must be kept clean, and so irrigation, with warm sterile water or mild boric acid solution, should be practiced as frequently as can be done without unduly disturbing the patient.

So far we have considered only the treatment that is indicated when the patient comes under our care, often perforation of the membrana tympani has already taken place.

But very often the patient is seen earlier, and we will have to decide the question of artificially creating an exit for the discharge. Knowing the excessive liability to mastoid infection, and the alarming consequences which flow from such an infection, there should be no hesitation in taking this step, as soon as a diagnosis is made of pus in the middle ear.

An early paracentesis which relieves the tension, gives exit to the pus, prevents its accumulation in the antrum and provides adequate drainage, is a rational prophylactic measure that might save many a patient from coming to more radical surgical measures. The incision, when made, must be sufficiently free for the purpose.

The key-note to treatment of suppurative conditions in the ears is drainage. If good drainage is not secured by a spontaneous perforation of a drum head, or by the operation of paracentesis, the pus will enter the adjoining mastoid cells.

Supposing the mastoid to be involved and that an opening outward has been subsequently attained, if the conditions happen to be such that the cells of the mastoid are cut off from the middle ear and are not sufficiently drained through this route, we may look for still further extension for the suppurative process and the origin of serious complications on the part of the brain or its adnexa.

This, too, will surely happen unless we provide drainage in another way, by a surgical opening directly through the mastoid process to the cells beneath—by thorough breaking down of the walls between separated foci of infection, and by evacuation of pus present and providing for the discharge outwards of that which cannot be prevented from forming.

There are numerous cases in which the surgeon is perfectly sure that this step must be taken, and that it must be taken without delay, but, as already remarked, he meets with others which may test his whole discriminating faculties and his judgment. It is difficult to lay down rules, as in such doubtful cases so many things will have to be considered.

The situation is expressed as well as can be done by Dr. Wendell Phillips, when he says:

"External operation should be performed in acute suppurative inflammation of the mastoid cells when a permanent remission of symptoms has not been brought about by free drainage through the drum membrane, or by the application of ice-coils or poultices, or from local blood-letting, and when this time has arrived there should be absolutely no delay in operating. The sooner it is done the better it will be for the patient. The majority of the hospital cases and many of the private cases have already reached this stage before we see them, and it is a mistake to attempt to abort under such circumstances. It is at this very point that many otologists waver, and by still further delay complications arise which may make the operation much more extensive and jeopardize the patient's life. Just when the exact time arrives may not be measured by days or hours. The date must be determined by the good judgment of those who have the patient in charge."

If more time were at my disposal, I could bring to bear proofs that could not fail to convince you of the dangers which attend upon neglect of supuration of the ear in the early stages, and from too long delaying the urgently indicated surgical procedures.

There are numerous authorities who might be cited to prove that intracranial complications can, and often do, arise in the acute stages of suppurative otitis. Wessing, Berens, Gorham, Bacon, Gruber, Buck, Kirschner, and others have reported instances.

Bearing in mind, on the one hand, the unfavorable prognosis of operations in the event of such complications in chronic cases, and on the other the relative favorable termination, when the early operation is done in acute cases, we must soon come to the conclusion that, however it may succeed in other conditions, the Fabian policy should not be that of the surgeon who has to do with mastoiditis and its complications.

214 Bradbury Building.

THE MOUNTAINS OF SOUTHERN CALIFORNIA.*

BY WALTER LINDLEY, M. D., EX-PRESIDENT OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, ETC., LOS ANGELES.

John Muir, who writes so delightfully of our mountains in his two works "The Mountains of California," and "Our National Parks," justly says: "The influences of pure nature seem to be so little known as yet that it is generally supposed that complete leisure, permeating one's very flesh and bones, unfits the student for scientific pursuits in which cool judgment and observation are required, but the effect is just the opposite. Instead of producing a dissipated condition, the mind is fertilized, stimulated and developed like a sun-fed plant." And again our mountain devotee says: "Thousands of tired, nerve-shaken, over-civilized people are beginning to find out that going to the mountains is going home; that wildness is a necessity; and that mountain parks and reservations are useful, not only as fountains of timber and irrigation rivers, but as fountains of life." It is not my intention in this brief paper to take up the subject "The Mountains of Southern California" in

any exhaustive manner, but simply to call attention to them and to the possibility of profitable study and observation.

The mountains to which I shall call your attention are those in the central part of Southern California. Three ranges known as the Sierra Madre, the San Bernardino, and the San Jacinto. These three ranges are located as follows:

The Sierra Madre Mountains stretch westward from Cajon Pass for a distance of 55 miles, with a breadth of from 8 to 24 miles, and the main axis has a general direction from West to East.

The San Bernardino Mountains occupy a position intermediate between the Sierra Madre and the San Jacinto Mountains. They connect with the Sierra Madre Mountains at Cajon Pass, and are separated from the San Jacinto Mountains by the San Gorgonio Pass. The San Bernardino range stretches in a general direction from northwest to southeast, with a length of 45 miles

*Read before The American Climatological Association at its Nineteenth Annual Meeting held in Los Angeles, June 9, 10 and 11, 1902.

and a width which varies from 12 miles at its northwest termination to 40 miles along its southern boundary.

The third of these ranges begins northerly at San Gorgonio Pass, a gap four or five miles wide between the San Bernardino and San Jacinto ranges. Here in this gap a western extension of the Colorado Desert connects with an eastern extension of the San Bernardino plains. Here, also, are located the towns of Banning and Beaumont, which have an elevation of about 2500 feet. The San Jacinto range extends southward from San Gorgonio Pass for a distance of 25 miles.

These three ranges together have the smallest ratio of level area on them of any mountains in America; ridge closely crowds on ridge, with generally only narrow cañons in between.

The altitudes of the main divide of the Sierra Madre Mountains range from 6000 to 10,000 feet, or, possibly somewhat above the latter figure in the peak known as "Old Baldy," which is 50 miles northeast of Los Angeles. One of the noted points is Mount Wilson, upon which a popular summer camp is located at an altitude of 6000 feet above sea level. Another noted place on this range is Mount Lowe and its railroad. At the terminus of this railroad, at an altitude of 5000 feet, is Alpine Tavern, which is a delightful resort and much frequented by the people of Southern California as well as by Eastern tourists.

The Sierra Madre Mountains differ from the San Bernardino and the San Jacinto with reference to the configuration of the cañons at the heads of the streams. In the two latter ranges most of the larger cañons terminate in flats of plateau-like basins, but in the Sierra Madre Mountains the

heads of the streams are mostly situated directly in the steep slopes of the mountain spurs; often in a towering, precipitous wall of rock.

As you can imagine, these three ranges are the water reservoirs for the valley west of them. The Sierra Madre range supplies the Los Angeles Valley and a part of the San Bernardino Valley, while the water of the San Bernardino range flows into the San Bernardino plains. Practically all the visible water which flows from these three ranges is appropriated. Much of it is used for irrigation purposes, some supply drinking water for the various towns located on the plains, and some furnish power for electric lighting.

The amount of precipitation in all of these mountains ranges between 25 inches per annum at 5,000 feet altitudes, and diminishes at elevations lower than 4,500 feet, and rise to 30 or 40 inches above 6,000 feet. The actual amount of rain and snow in the higher altitudes is not known. The meteorological data for these mountains is very incomplete.

The above data are estimates made in the United States Geological Survey, 20th annual report 1898 and 99. The only actual record I have been able to secure of any observations are those taken by the Voluntary Government Observer at the *Idyllwild Sanatorium, beginning January 1901. These show a precipitation as follows:—

January	4.03	inches.
February	5.8	"
March	1.05	"
April37	"
May	1.22	"
June00	"
July34	"
August	2.94	"
September00	"
October	1.03	"

*Located in Strawberry Valley on the Southern Slope of the San Jacinto Mountains at an altitude of 5250 feet.

November69 "

December34 "

making a total of 17.81 inches. There was snow in four of these months; that is,

February 58.1 inches.

March 6.5 "

April 1.6 "

May1 "

making a total of 66.3 inches for the twelve months. For 1902 the record shows as follows:

January	24.3	inches
February		"
March	22.3	"
April	10	"
May	2	"

In regard to the relative humidity of these mountains there have been absolutely no observations until May 15th, when observations were begun. We have the report for the 15 days from May 15th to May 30th, the observations having been taken at 7 a.m., 12 m. and 5 p.m. On adding these 15 days together and taking the average we find that at 7 a.m. the relative humidity was 38, at 12 m., 68, and at 5 p.m., 85, making the mean relative humidity from those three daily observations, 60. You notice the difference between early in the morning, when the humidity is the lowest and the afternoon when it is over twice as great. The reason of this, of course, is that the diurnal breeze from the ocean brings moisture even at that high altitude and 100 miles from the sea, while during the night the breeze is entirely from the desert, reducing the humidity over half. It is this marked dryness of the atmosphere at night which makes it perfectly safe, not only to have the doors and windows wide open but, to sleep entirely in the open. This great advantage has not been insisted on at Idyllwild as much as it should have been, but I am sure, through the impressive suggestions of Drs. Bowditch, Solly and others, on their recent visit to Idyll-

While, that hereafter there will be no remissness on the part of the medical management there in enforcing practically the open air life.

As to the temperature in these mountains, I must again depend entirely on the observations taken at Idyllwild, and for which the record is not as complete even as it is for the precipitation. These observations began with April, 1901 and are as follows:

	Temperature.
April, mean maximum	60.9
Mean minimum	31.2
Maximum, April 24th.	73
Minimum, April 3rd.	15
May, mean maximum,	66
Mean minimum,	38
Maximum, May 31st.	79
Minimum, May 3rd.	27
June, mean maximum,	75
Mean minimum,	47
Maximum, June 28th.	91
Minimum, June 11th.	33
July, mean maximum,	86
Mean minimum,	55
Maximum, July 6th.	92
Minimum, July 1st.	45
August, mean maximum,	79
Mean minimum,	54
Maximum, August 26th.	88
Minimum August 2nd.	44
September, mean maximum,	75
Mean minimum,	46
Maximum, September 14th.	84
Minimum, September 23rd.	29
October, mean maximum,	70
Mean minimum,	40
Maximum, October 15th.	80
Minimum, October 29th.	27
November, mean maximum,	60
Mean minimum,	30
Maximum, November 4th.	71
Minimum, November 11th.	27
December, mean maximum,	55
Mean minimum,	29
Maximum, December 23rd.	72
Minimum, December 13th.	8
January 1902, mean maximum,	50.3

Mean minimum,	25.5
Maximum, January 4th.	70
Minimum, January 26th.	6.5
February, mean maximum,	58.6
Mean minimum,	34.6
Maximum, February 16th.	69
Minimum, February 1st.	16
March, mean maximum,	48.5
Mean minimum,	26.5
Maximum, March 31st.	63
Minimum, March 25th.	11
April, mean maximum,	64.3
Mean minimum,	38.15
Maximum, April 26th and 29th. ...	78
Minimum, April 23rd.	17
May, mean maximum,	65.8
Mean minimum,	37
Maximum May 29th.	76
Minimum, May 20th.	23.5

Now as to the number of clear days our data of course only covers the same period, beginning with March, 1901. During that month there were 23 clear days and 8 partly cloudy days. In April, 1901, there were 23 clear days and seven partly cloudy days. In May there were 26 clear days, 1 cloudy day and 4 partly cloudy days. In June there were 27 clear days and 3 partly cloudy days. In July 25 clear days and 6 partly cloudy. In August 21 clear and 10 partly cloudy days. In September 28 clear days and 2 partly cloudy. In October 24 clear days, 1 cloudy, and 6 partly cloudy days. In November 27 clear days, 1 cloudy day and 3 partly cloudy days, and in December there were 26 clear days, and 5 partly cloudy days.

In January, 1902, there were 14 clear days, 12 partly cloudy and 5 cloudy days. And February, 1902, had 17 clear days, 4 cloudy and 7 partly cloudy days.

Even this inadequate data gives a fair idea of the dryness of the atmosphere and of the great number of days of sunshine, for of the 73 partly cloudy days a large proportion had a considerable amount of sunshine. The 281 days during the 12 months that

are noted as "clear" were totally free from fog or cloud.

All of these mountains, for years, have been resorts for our own people in summer, but Idyllwild, or rather, Strawberry Valley, in which Idyllwild is located, has long had a reputation that has attracted, every year, quite a number of cases of tuberculosis, and some before any Sanatorium was projected, had spent not only the spring, summer and autumn, but also the winter months there in a primitive way, and have claimed to have derived great benefit therefrom. I believe that the reason why strawberry Valley in the San Jacinto Mountains, has gained this reputation is because of its close proximity to the desert; this portion of the mountains really standing out and being right in the desert air. I shall be very glad, as time goes on, to collate, with the help of the Weather Bureau, more satisfactory statistics upon which to base an opinion. One advantage of this location in the San Jacinto Mountains, aside from the altitude, dryness and the sunshine, is the atmosphere of the pine forests. Over all of these three ranges of mountains are scattered the pine and cedar of various varieties, but, according to Hon. T. P. Lukens, of the U. S. Department of Agriculture, the mountains in the region of Strawberry Valley display the greatest variety of any section of Southern California. The balsamic emanations from the trees have a healthful and healing influence, the shade of the trees add much to the pleasure of the location, and the delightful walks, the climbs, and the drives through these mountain forests, add much to the encouragement of the patient in healthful exercise.

"The Desert," Jno. C. Van Dyke, Charles Scribner's Sons, 1901.

While there are, surrounding Strawberry Valley, quite a number of peaks of moderate altitude, yet San Jacinto Peak, which is a few hours' climb

from Idyllwild, has an elevation of 11,000 feet. This peak surmounts a majestic mountain whose base rests in the desert below."* It is not often that you find mountains with their feet thrust into tropic sands and their heads thrust into clouds of snow. Twice have I stood on this mountain pinnacle with the blue sky above me, a glorious realization of that coloring never experienced before, while to the westward, 100 miles away was the Pacific Ocean shimmering in the afternoon sun; serried hosts of lesser peaks lay immediately below me, while between them and the ocean lay the rich, green squares of the far-famed orange orchards of Riverside. Turning about I faced the Colorado Desert, stretching apparently interminably eastward. Here and there in that old sea bed was the semblance of a struggling village, while fifty miles away were the glistening salt fields of what was formerly Salton Lake. Right at my feet was an abrupt vertical declivity, being the greatest of any mountain in the United States. And down this declivity a loosened rock would bound, never stopping, for a distance of nearly two miles.

I have endeavored to give you some idea of the natural conditions of this resort and of these mountains. As to the equipment and management of the Idyllwild Sanatorium, which is the only institution for the tuberculous in the mountains of California, I beg to refer you to a paper by Dr. Norman Bridge, that was written some time ago.

It is the intention of those who are interested in the Idyllwild Sanatorium to go on from month to month and

year to year improving its equipment, and these improvements will be in a great degree due to the kind suggestions and friendly criticisms that have been made, and we trust will ever continue to be made by the members of the American Climatological Association.

The ninety physicians who have joined in purchasing the 4284 acres of pine forest that include Strawberry Valley and the Idyllwild Sanatorium believe that, with the help of the government in protecting intact the 734,000 acres of forest in the San Jacinto Mountains immediately surrounding Strawberry Valley, all of which belongs to the United States, that this will all become a haven for those with a tendency to pulmonary disease. Here for nine months in the year it is ideal camping. Spots can be selected isolated from the world, where the only noise is the music of the birds, the chatter of the squirrels, the babbling of the mountain streams and the sighing of the pines. For him who can take an interest in flowers, reeds, orchids or the clouds above him, presently about within reach, there is an unceasing source of pleasure and inspiration.

At Saratoga Springs, N. Y., on June 9th was organized the National Association of the United States Pension Examining Surgeons. There are 4500 of these brave men in the United States and they are all eligible for membership, and are requested to send their names and the dues for one year, which is \$1.00, to the treasurer, Chas. H. Gliddon, M.D., Little Falls, N. Y.

*A BOTANICAL SURVEY OF SAN JACINTO MOUNTAIN. By Harry Monroe Hall, of the Department of Botany of the University of California, has just been published by the University Press, Berkeley. The list of names of flowers and other plants found there covers eighty pages.

The author in giving the reasons why San Jacinto Mountain is of especial interest to the botanist says its position at the Southern extremity of the higher ranges makes it the Southern limit for many boreal species, while its proximity to the Colorado Desert gives to its flora a strong austral element and its isolation from other mountains renders more definite certain problems connected with the geographic distribution of plants.

AN ALARMING CASE OF EPISTAXIS CONTROLLED BY THE USE OF ADRENALIN CHLORIDE SOLUTION.

BY JAMES P. BOOTH, M. D., NEEDLES, CAL.

A few weeks ago I procured a vial of adrenalin chloride solution, intending to use it in the extirpation of tonsils, having a case in view. However, before that opportunity arrived, I was called to see a case of persistent and alarming epistaxis, in a young woman about 25 years of age. I was informed that the hemorrhage had begun about three o'clock in the morning. Treatment was immediately instituted the usual routine being gone through, including the application of cold to the head and neck by means of ice-bags; warm mustard baths and other hot applications to the feet; pressure upon the nasal branches of the coronary arteries; the internal use of turpentine, bromide of potassium, etc.; plugging the nares; and the insufflation of tannic acid, but all to no purpose, for the hemorrhage would persist. Even hypodermatic injections of ergotol had no effect. I began to grow uneasy, for my patient was weak, trembling, pale—in fact nearly

bloodless. The hemorrhage continued until eleven o'clock the next day; it was a hemorrhage indeed, not an ordinary "nose bleed," filling the basins and spittoons, and the patient's stomach as well, from which it was ejected every now and then by vomiting.

The family and friends became alarmed and apprehensive of the outcome. In this dire extremity I thought of solution adrenalin chloride. If good for "bloodless operations," thought I "why not good for epistaxis?" Immediately procuring the vial, I saturated two pledgets of absorbent cotton with the solution and inserted one far back into each nostril. In my haste I used the entire contents of the vial—one fluid ounce. The effect was magic and instantaneous. Not a drop of blood flowed after this procedure.

Of course I realize that "one swallow does not make a summer," yet I am satisfied that the result was propter hoc and not post hoc.

ECLAMPSIA—REPORT OF CASES.*

BY W. B. SAWYER, M. D., RIVERSIDE, CAL.

This term has a vastly wider compass than was at all intended by the writer in promising the report of a case or two of puerperal eclampsia, which had occurred in his practice. Eclampsia in its wide significance is variously described as rapid, convulsive movements, and by derivation "I shine" and again, "I seize hold of." The term has always been used in qualification of convulsive movements which would otherwise be termed epilepsy. In a general way the

old, straight, English word "fits" would fit the case more nearly perhaps, than any other definition given. The eclampsia of children with its definition and descriptions, it is not the present purpose to discuss. In the light of two cases of puerperal eclampsia, however, a few of the most salient and vivid facts may be once more rehearsed, these cases having occurred in my own practice in recent years.

According to Lusk, puerperal eclamp-

*Read at the June meeting of the Riverside County Medical Society.

is the term applied to convulsions, tonic and clonic in character, the foundation of which is laid in processes connected with pregnancy, labor and child-bed. It is a tolerably rare event; it occurs in only about a proportion of one in three to five hundred pregnancies. The attacks resemble those of epilepsy, and in addition to the more inconsequential symptoms, there is usually oedema, and of the first importance the presence of albumen and casts in the urine. The cause in the overwhelming proportion of cases is uraemia, with or without co-existing albumenuria and defective arterial tension. The extreme fatality of the cases, the desperate terror of those about the patient, the necessity for immediate action and the usual inability to attempt or carry out to their fulfillment remedial measures with great rapidity, render this one of the most severe and anxious tasks of the obstetrician. But to my cases.

Mrs. L. B., a primipara, aged 24, the seventh month of her pregnancy, one of a family of nine children, six of whom had previously died of consumption, the father also dead of consumption, the mother dead of cancer, her pregnancy up to this point uneventful and her general health good without any previous evidence of disease of the lungs or hereditary taint. On Saturday night slight nausea, some headache and disturbances of vision in no way extensive called the attention of her advisor to the necessity of urinary examination. The results were negative, specific gravity was normal and there were neither albumen or casts. Sunday there was nothing to indicate further difficulties and the physician was not summoned. Monday morning at breakfast after a few incoherent sentences she complained of feeling queer and retired to her chamber. In ten or fifteen minutes her husband and sister, on entering her room, found her unconscious, livid, gnashing her teeth, foaming at the mouth, and giving all

the other evidences of this disorder. This was nine o'clock. Before ten o'clock 20 grains of chloral and 40 of bromide of potassium had been given by the rectum, but at that hour, ten, a second convulsion fully as extensive and severe as the first occurred. Before eleven two other physicians had been summoned and the removal of the foetus decided upon. At or near eleven the third convulsion occurred, different in no essential details or in duration from those previous. These convulsions continued at about one hour intervals up to five o'clock in the evening, at which hour under chloroform it had been found possible to dilate and introduce the forceps. It was found impossible by their use, however, to deliver the child, and the convulsions delaying a little, a recess of an hour or two was taken to rest both the patient and her attendants. At about ten podalic version was attempted and slowly and by degrees with the utmost effort, the child was delivered about half past eleven. There was a very extensive, though not dangerous hemorrhage, which was controlled by the usual methods. The patient seemed to recover and the hopes of the physicians and friends were brightened as to the outcome of the case. At half past one, without a premonition she passed into a convulsion of the utmost severity, in which she died before it was possible for her physician, the only one present with her at the time, to inform the others in the adjacent room. The placenta was found literally peppered with little white granular masses, some of them partially calcified, which may or may not have been tubercle, but of which no pathological examination was made.

The second case. A primipara, Mrs. C. F., aged 43, in the seventh month of her pregnancy, family history not explained, had employed no physician or had any unusual symptoms to call for such employment until she was

taken at about noon with a convulsion. Before the physician could be summoned, and at the interval of about an hour, she had the second. On the arrival of her attendant, she was found in the third. Operative procedures were at once suggested and acceded to. A delay of an hour in obtaining the services of a second physician allowed the fourth convulsion. On the arrival of the two physicians the second time, she passed into the fifth. She was immediately chloroformed, the os dilated and the child removed by the feet. She recovered from the chloroform administered during this process, had no further convulsions, and made an uneventful and perfect recovery. There

was no medicine administered in her case with the exception of chloroform and laxatives. In both of these cases the urine was found during and after labor, loaded with albumen. The only question is the advisability or not of immediate operative procedure in a case of this kind, and whether it is ever safe to temporize and waste valuable time.

Only twice in an experience covering over 1200 cases has this condition been found. The element of danger is so great, the time for consideration so short, the means at hand so limited, and all the necessities for the mother so great, that for myself I can under the same circumstances, never wait a minute. Remove the child at once.

NEPHRITIS PUERPERAL ACUTIS.

O. D. FITZ-GERALD, M. D., LOS ANGELES, CAL.

I was called to attend Mrs. X., primipara, on night of May 5th, 1900. On reaching the house I was met in the hall by the prospective father, who informed me that the nurse requested that I should wait downstairs a few minutes, as the bed of patient had been "wet," as he expressed it, and there had been a regular cloudburst. I refused to obey the orders of the well-meaning nurse, remarking that there was urgent need, as I thought, of my going immediately to my patient, and that probably the gush he referred to was the "rupturing of the membrane," and possibly the cord had been washed out, and if so it was imperative that I attend to it at once. After hastily cleaning my hands—I had no time to do it in a technical way, time just then was precious—I then proceeded to examine the parts, and found that my fears had been

well founded, and a loop of the cord, pulseless funis was found hanging from the vagina, and on passing the finger along the canal, I came in touch with the left shoulder of the on-coming child presenting at mouth of uterus, and the head resting in right iliac fossa, thus constituting one of the most discouraging cases of cross presentation that I had ever met. Such was the alarming condition which had so unexpectedly confronted me that I sent in haste for the nearest physician, and while waiting for him I ordered the nurse to push the chloroform to full narcosis, and by the time Dr. Jenkins arrived I had succeeded in turning the child by passing my hand well oiled, along the trunk so as to get the feet for traction, making firm pressure meantime with my left hand over the abdomen, and in that way the child was quickly delivered

It was "still-born," which after artificial respiration had been resorted to, and independent breathing established, it was turned over to my assistant, who gave it his able and timely attention. I then proceeded to deliver the second child, there being twins in this case; the first one of which was a boy and born at 11 o'clock p.m., May 5th, and the second a girl, born at 1 o'clock a.m., May 6th, about two hours intervening between their births, and it was quite an hour before the still-born child could be induced to breathe in anything like a satisfactory manner to the faithful doctor, who had given it his best attention.

It is needless to say that the perineum had been lacerated, for we had to work rapidly, and very little attention could really be given to its safety. The rupture was repaired soon after labor was completed, and under chloroform, but owing to the infiltrated condition of the tissues, and slight septic infection, it failed to unite.

This was unfortunate, but when we consider the conditions in all respects, I am sure that the resultant laceration could not have been avoided, as the whole procedure seemed one of the most unexpected, and I may say, unpromising labors that I had ever attended.

When I made the first hasty examination, I noticed that the lower limbs of the patient were extremely distended by serous effusion, and in fact the "Aqua inter-cutem" had extended throughout the body, so that the patient presented the appearance of being three times her normal size; the labia majora were swollen, so were the hands, face, etc.

I am sure that this lady would have had uremic convulsions, had we not promptly succeeded in nar-

cotizing her with chloroform, and, as claimed by many of our best authors, this drug seems to aid in the reduction of the serous effusion, it being brought about, possibly, by the resultant rendering of the blood sacchariferous.

Bedford, in his valuable work on Obstetrics, page 514, says that "Chloroform and sulphuric ether have been repeatedly employed in these cases with very favorable results, and I believe the credit is due to Prof. Simpson of an ingenious explanation of the action of these agents in uremic poisoning. Availing himself of an important fact, pointed out by the chemists, that chloroform produces a temporary diabetes mellitus, causing, of course, the appearance of sugar in the urine, and perhaps, also in the blood; and that the addition of a little sugar to urine out of the body prevents for a time the decomposition of its urea into carbonate of ammonia, the distinguished professor of Edinburgh suggests that the efficacy of anesthesia in restraining and arresting the convulsions may be upon its preventing this decomposition."

From long use of chloroform, I regard it as one of the very best expedients for preventing convulsions, or for controlling them should they occur at any time during or after labor, and the truth of this statement was plainly demonstrated in this particular case, as symptoms of eclampsia were manifest, both during and after the labor in the tell-tale uneasiness, undue degree of nervous irritability, great restlessness, severe cephalalgia, confusion of ideas, loss of memory, etc.

Pardon me for this digression, but the consideration of puerperal convulsions is one of the important complications of the lying-in-cham-

ber. They may occur during pregnancy, at the time of labor or subsequently to delivery. Under any circumstances, their presence is fraught with more or less hazard to the mother and child, and, therefore, they claim the earnest thought of the accoucheur.

Imagine, for instance, that you are at the bedside of your patient, administering with kindness and skill to her wants; the labor is progressing favorably, everything looks bright and promising, and without the slightest premonition, a convulsion commences, with sudden fixation of the face, twitching of muscles; eyes at first roll, and then become stationary, usually turned upward, pupils dilated, no response to light, lips drawn, general distortion of countenance, and of livid hue, foaming of mouth, protrusion of tongue, carotids violently pulsating, head drawn to one side, by muscular spasm. Such is a brief summary of the principal features which ordinarily accompany an attack of puerperal convulsions, and as Bedford has well said, "Once witnessed, they cannot readily be forgotten."

The urine in this case was examined but one time prior to labor, and that was April 9th—about one month before, as I find from my record in case book, giving negative result. I instructed the husband to fetch a sample of the urine every two weeks, so I might keep watch of the kidneys, but he forgot instructions, not knowing or realizing the importance of this precaution. And this neglect on his part was why this wretched state of affairs had so unfortunately been brought on and I was in total ignorance of her precarious condition.

This is often the sad observation of medical men and shows import-

ance of strenuously insisting that samples of urine from our gestation cases be sent us for examination, at least every two weeks, and when any abnormal condition is present, it should be had even daily in extreme cases where danger threatens.

In closing this hastily written paper, I shall ask forbearance, while I give report of the treatment which was resorted to in this case, as to the albuminuria, and which was so prompt in reducing it by securing excessive action of the kidneys, which had almost failed to secrete urine, partly from passive nephritis, and partly from pressure consequent upon the multiple pregnancy. I do not regard it as a case of uncomplicated nephritis, but it had corelatives, as mentioned above.

The secretion of the urine from 2 a.m. to 6 a.m., four hours after labor, was almost nil, and nearly too thick to flow after heating.

This lady was immediately put upon what is known as Diuretin, in doses of 6 to 10 grains every four hours, with plenty of water.

Dr. Geisler speaks well of the drug, and states that it raises the blood pressure, while Dr. Drozdovsky of St. Petersburg regards it as very unreliable as a diuretic, and cannot be used as a substitute for digitalis, adonis, strphanthus, and other allied remedies. This latter opinion I must say has not been in accord with my experience, as the following clinical sheet, taken by a careful and competent nurse under my strict instructions, will show. It produces a mild diaphoresis also.

(Began the Diuretin May 6, a.m.)

May 6—First examination of urine, almost solid "A" and very little.

May 7—Second examination of urine, almost same "A" and very little.

May 8—Amount passed last 24 hours (carefully measured), 66 ounces.

(Trace of "A.") May 9—Amount passed last 24 hours (carefully measured), 168 ounces.

(No. "A.") May 10—Amount passed last 24 hours (carefully measured), 195 ounces.

May 11—Amount passed last 24 hours (carefully measured), 150 ounces.

May 12—Amount passed last 24 hours (carefully measured), 115 ounces.

May 13—Amount passed last 24 hours (carefully measured), 150 ounces.

May 14—Amount passed last 24 hours (carefully measured), 102 ounces.

May 15—Amount passed last 24 hours (carefully measured), 110 ounces.

(Discontinued Diuretin May 16th.)

May 16—Amount passed last 24 hours (carefully measured), 90 ounces.

May 17—Amount passed last 24

hours (carefully measured), 68 ounces.

May 18—Amount passed last 24 hours (carefully measured), 62 ounces.

May 19—Amount passed last 24 hours (carefully measured), 64 ounces.

May 20—Amount passed last 24 hours (carefully measured), 59 ounces.

May 21—Amount passed last 24 hours (carefully measured), 55 ounces.

May 22—Amount passed last 24 hours (carefully measured), 46 ounces.

May 23—Amount passed last 24 hours (carefully measured), 53 ounces.

May 24—Amount passed last 24 hours (carefully measured), 96 ounces.

The patient of course received good nourishment, tonics, etc. The infants were fed on Fairchild's Peptogenic Milk Powder. The appended chart will indicate temperature, pulse, etc: Highest temperature 101.2; pulse, 96.

CLIMATOLOGY IN CALIFORNIA.*

BY ALEXANDER G. MCADIE M. D., OF SAN FRANCISCO, CALIFORNIA. PROFESSOR OF METEOROLOGY. U. S. WEATHER BUREAU.

The traveler in Mediterranean waters passing Cerigo wonders if that can really be the far-famed Cythera where Venus rose resplendent from the sea. A sun-baked, wind-worn, rock meets his view and the obvious conclusion is that either great natural changes have taken place since the poets sang, or else these ancient writers held not closely to the truth. How frequently is the traveler disappointed because imag-

inative writers have all too glowingly described some locality. And possibly this holds somewhat in descriptions of California. On the other hand, a bald statement of fact and a table of physical data very inadequately tell the story of a place. Particularly is this likely to be the case where meteorological data are given. The writer has in mind the islands lying in the Pacific about twenty-five miles due west of San Francisco. If tables

*Read before the American Climatological Association, Los Angeles, Cal., June 1902, by Dr. W. E. R. Phillips, by permission of the U. S. Weather Bureau.

of mean temperature, daily range or annual range of temperature, extreme temperatures, etc., be considered only, the Farallones will compare favorably with any portion of California. Yet few of us are willing to dwell upon the islands. If then we are to keep meteorological records, by all means let these be as complete and detailed as possible. Dr. Hann has given the following list of climatic factors which should be given in the discussion of the climatology of a locality. And it need only be said that full as this list seems to be, it but partly tells the story of the climatology of any place. The different factors are:

1. The monthly and annual mean temperature.
2. The mean diurnal range for each month.
3. The mean temperature at two given hours.
4. The extreme limits of the temperature of the months.
5. The monthly and annual extreme temperatures.
6. The absolute highest and lowest temperature.
7. The mean variability.
8. Frost data.
9. Insolation or solar radiation.
10. Terrestrial radiation.
11. Soil temperatures.
12. Absolute humidity.
13. Relative humidity.
14. Total precipitation, rain, snow, fog.
15. Maximum precipitation per day and hour.
16. Number of rainy days.
17. Percentage and probability of rainy days.
18. Snow, depth, duration, number of days covering ground.
19. Dates of first and last snow.
20. Hail storm frequency.
21. Thunderstorm data.

22. Cloudiness.
23. Fogginess.
24. Nights with dew.
25. Air movement or wind velocity.
26. Frequency of wind direction.
27. Pressure data.
28. Evaporation data.
29. Impurities, number of dust particles, bacteria, etc.
30. Electrical potentials.

To this long list Professor Abbe adds (Maryland Weather Service, page 266).

31. Sensations experienced; e. g., mild, balmy, invigorating, depressing, expressing the integrated effect of the various factors upon the human body.
32. The number of storm centers passing over the locality; i. e., briefly, its storm frequency.
33. Frequency of severe local storms.
34. Duration of twilight.
35. Blueness or haziness of the sky.
36. Frequency and degrees of sudden changes from warm to cold, or moist to dry.

This makes a formidable list; and in California some of these factors are of but little importance. Others, such as the distinctive features of fog, air, drainage, character of soil and topographical carriers to air movement, are of the utmost importance.

From the health-seeker's standpoint honest unvarnished descriptions of the northers of the great valleys, the Santa Anas of the south, the trying west winds of the Bay section are essential.

In discussing the climatology of California, two broad propositions appear: I. Air Motion. II. Air Purity. To these add all that can be determined concerning the amount and behavior of the water vapor; for when all is said and done, it is this factor, this most protean of the elements, which determines our comfort. It exists independently of the air, and

we know it as rain, snow, hail, frost, dew, fog or cloud, from the lowest stratus to the highest cirrus. If we live below it, as we too frequently do, it will determine the range of temperature, the frequency of change—or the equability; the amount of sunshine, for it is the veil between us and the sun; the cloudiness, the rainfall and even the relative purity of the atmosphere. Our atmosphere is composed of oxygen, nitrogen, carbon-dioxide, argon, krypton, helium, neon, xenon and vapor of water. But first and foremost in determining climate is water vapor.

California faces the ocean. Small wonder then that along the coast and wherever there is an open thoroughfare for the winds from the sea, the temperatures are nearly constant. The coast line of nearly a thousand miles shows a difference of but 5°C or 10°F . in the mean annual temperatures of its northern and southern limits. At Eureka the temperature is 11°C . (51°F .); at San Francisco 13°C . (56°F .) and at San Diego 16°C . (61°F .) If we compare these figures with those of three points on the Atlantic seaboard practically corresponding in latitude, we find that New York has a mean temperature of 11°C . (52°F .); Washington, 13°C . (55°F .); and Savannah 19°C . (67°F .) In tabular form the difference between the two seaboards may be shown as follows:

Pacific Coast

11° — 16°C .— 5°C .

51° — 61°F .— 10°F . or 1°F . variation for every 80 miles.

Atlantic Coast

11° — 19°C .— 2°C .

52° — 67°F .— 15°F . or 1°F . variation for every 53 miles.

But as we intimated above, mean temperatures do not tell the whole story. To test the relative equa-

bility of temperature compare these figures:

Eureka.	San Francisco.	San Diego.
January		
8°C . 47°F .	10°C . 50°F .	12°C . 54°F .
July		
13°C . 56°F .	15°C . 59°F .	19°C . 67°F .
Range		
5°C . 9°F .	5°C . 9°F .	7°C . 13°F .
New York.	Washington.	Savannah.
January		
11°C . 51°F .	13°C . 55°F .	19°C . 67°F .
July		
23°C . 74°F .	25°C . 77°F .	28°C . 82°F .

Range

24°C . 43°F . 24°C . 43°F . 17°C . 30°F .

Here there is a marked difference and if the physician desires for the patient a climate not subject to large temperature variations, eliminating, as it were, the extremes of summer and winter, the Pacific seaboard offers decided advantages.

In January as you go south on the Atlantic side it gets 1° warmer for every 40 miles. On the Pacific side as you go south in January it gets 1° warmer for each 115 miles. Decided changes in temperature however can be obtained by traveling either east or west a few miles; and also owing to the peculiar topography of the State and the marked changes in elevation, can be accomplished at many points within an hour or two. Before we leave the matter of monthly mean temperatures, a reference should be made to the isotherms of January, as compared with those of July. The same general north and south trend of the isotherms may be noticed. High temperatures are experienced generally throughout the State in summer months, except along the coast. In brief, the so-called winter months in California are the really pleasant months of the year. Note that the isotherm of 40° in Janu-

ary extends well over the central and northern portions of the State, while in July the isotherms of 80° traverses the northern as well as the southern portion of the State. During the summer months one has only to move inland from the coast a distance of less than a hundred miles to experience mean temperatures 30° or 40° higher than the coast temperatures.

Even more remarkable than the temperature distribution is the rainfall of California. In no other portions of the United States are the rainfall periods so differentiated. There are two well-marked seasons, the dry and the wet. The former covering the months of May, June, July, August and September; the latter the rest of the year. The mean annual rainfalls vary from one inch to seventy-five inches. There are places in the southeastern portion of the State where the total rainfall for a period of twenty-five years will hardly amount to two inches. And not infrequently a year may pass at these points without an account of rain exceeding 0.01 of an inch. In the northern portion of the State rainfall is very heavy. In some of the northern coast counties and also in the mountains to the east and southeast of Shasta, rainfalls averaging over eighty inches in a year have been recorded. In years of very heavy rainfalls at some of these points more than one hundred inches have fallen. The following are some single year rainfalls; La Porte, 120 inches, 1896; 101 inches, 1898; Delta, 111 inches, 1889. Upper Mattole, 102 inches, 1896. In the central and northern portions of the State and in the mountains of the south snow is but infrequent. At Summit an annual snowfall of 697 inches has been recorded.

Little rainfall, then, is expected during the summer months.

But if during the wet season the

rainfall is deficient, the various interests of the State suffer materially. And this question of whether the rainfall during a given season will be deficient is probably the most important one with which the climatologist has to deal. An interesting illustration of this variation in the seasonal rainfall is given by the isohyets for January and February, 1902. The month of December, 1901, had been exceptionally dry. The month of January continuing dry, the outlook was disheartening, and while the invalid enjoyed life out-of-doors, the business man and the farmer were worrying themselves sick. The excessive rainfall for February, 1902, saved the entire community from great losses, and restored as if by magic, confidence and courage.

Another point that is plainly brought out is the variability both of the rain intensity and the rain frequency. During the month of January, ordinarily the month of greatest rain frequency in California, there were but thirteen rainy days, while the next month rain fell on practically every day of the month. The number of rainy days is probably the factor most frequently asked for by physicians in determining the climatic character of a place, a rainy day being defined as one on which 0.01 of an inch of rain, or more, falls. And yet there are few conditions more misleading in helping up to form a true estimate of the climatology of a place than the so-called number of rainy days. There should always be furnished in addition to the number of rainy days some statement as to the general character of the precipitation itself; for example, whether the rain falls in showers with intermittent sunshine, or whether the rains are continuous and the sky is overcast.

The wind system of California is characteristically different, like

the rainfall and the temperature, wind systems of other portions of the United States. Here again the topography plays an important part in modifying the circulation of the lower strata of the atmosphere. In the coast and bay section there is a well-marked draught through the Golden Gate and into the great valley. Particularly noticeable is this motion on summer afternoons and many of the fog phenomena so remarkable on this coast may be explained in connection with these strong westerly winds. There is also a well-marked movement of the air from the north thermodynamically warmed in the summer months by its passage over the mountains and giving rise to the very disagreeable "northers" of the great valleys; and the "Santa Anas" of the south.

With regard to sunshine, except along the immediate coast, few portions of the United States can equal California. Over more than half of the State the normal annual sunshine exceeds seventy-five per cent. of the possible sunshine. Along the coast this is reduced to fifty per cent.

Both in the matter of air motion

and in the matter of air purity, California enjoys great advantages.

To sum up then the general climatic factors of this land of sunshine and of fog; of heavy rainfall and of scant rainfall; this land of contrast—California: we note first that, because of its proximity to the ocean, a great natural conservator of heat, the temperatures are as a rule moderate and equable.

Second that because of the exceedingly diversified topography the climatic conditions are likewise very diversified; third, that the prevailing easterly drift of the air brings a constant supply of fresh air neither too hot nor too cold to most of the State; and fourth, that owing to the general path of storm movements lying farther to the north, California escapes many of the disturbances so familiar elsewhere. All these combine to give a climate different from other sections of our great country. The effect of the climatic environment is well shown in the flora of the State. What influence the climate will exert on man, and what the ultimate record will be—is for other pens than ours.—*The Philadelphia Medical Journal*, July 5, 1902.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

THE TREATMENT OF PHTHISIS WITH BLUE LIGHT.

Kaiser (Wien. Klin. Woch.), after making a series of investigations on this subject, draws the following conclusions: (1) Tubercle bacilli in pure culture were killed in thirty minutes by the blue light at a distance of five metres, while they survived the equal illumination by an ordinary arc lamp. (2) Tubercle bacilli in pure culture were pasted on a patient's back, and

the blue light was directed on to the patient's chest at a distance of five metres for thirty minutes; this was repeated for six days. The bacilli were "weakened." (3) Pure culture of tubercle bacilli were illuminated by a light concentrated through a hollow lens containing a solution of alum and methylene blue with ammonia; they were killed. (4) The same lens was used, and the light was split up into the spectral colors

by means of a carbon disulphide prism. Cultures lived in red and yellow light, but were killed in from blue-violet to ultra-violet. (5) A photographic negative with an unused film was pasted on a patient's back in such a way that all light was excluded. The film was illuminated through the patient's body, and a blurred "positive" was obtained.

Following these experiments, Kaiser tested the blue light in two cases of advanced phthisis; after six days, night sweats ceased and cough became less; after six weeks (up to the present) diminution of bacilli in sputum. In a case of tuberculous abscesses in the thigh and knee flexion, all treatment that had been applied before (for three months) failed to do any good; as a result of blue light there was healing of all abscesses in four weeks. A case of "weeping" eczema in a child of "tuberculous character" was cured in five weeks.

The author concludes that (1) blue light kills tubercle bacilli; (2) the heat rays are excluded by the hollow lens with cooling arrangement; (3) action of the light is independent of the distance and intensity of the source of light; (4) the light can pierce the body sufficiently strong—only the chemical rays do so; (5) pure blue light acts strongly as a resorbing agent; and (6) blue light has a local sedative action if the rays are concentrated, and may even produce anesthesia.—*Medical Age*.

THE TREATMENT OF CONSUMPTION IN HIGH ALTITUDES.

The Sanatorium treatment of pulmonary tuberculosis has now gained so firm a hold in the estimation of medical men that it seems rather curious to consider that but a few years ago the method was almost unknown.

Davos Platz in the Switzerland

Alps was, perhaps, the first place in Europe to win a reputation as a health resort for those afflicted with respiratory complaints, and it was not until 1870 that its fame came into prominence.

At the present time Davos is visited in the winter season by a larger number of weak-lunged persons than any locality in the world, and there are also a goodly quantity of invalid visitors in the summer.

According to the New York Evening Post, Davos was visited last year by 7000 Swiss, an equal number of Germans, 3000 English and only 300 Americans.

The late Robert Louis Stevenson had something to do with rendering Davos popular, for during two winters resided there, deriving much benefit from his sojourn.

Davos not only stands at an altitude of 5000 feet above sea level, but is exceptionally well sheltered by natural barriers, besides which, in the winter, the air is still.

There are a number of sanatoriums and hotels, all constructed on the most approved plans. The treatment is such as is followed in the German sanatoriums—air, rest and food—and the benefit to health obtained from strictly proceeding upon these lines is said to have been remarkable in the case of a very large number of phthisical persons.

To a certain class of consumptive patients the effects of residing in high altitudes is beneficial in a marked degree, and no country in the world presents better opportunities for pursuing this mode of treatment under the most favorable conditions than does the United States. The mountainous districts of Colorado and other parts of this continent provide ideal situations for treating tuberculous subjects by these means, and it is strange that more advantage

has not been taken of the natural gifts of America. Considering everything, the sanatorium system has not been pushed as it has deserved to be, and especially is this true with regard to the mountain regions.

This view of the case may be commended to the attention of millionaire philanthropists as well as to those who might wish to embark in the project from commercial motives. —Medical Record.

TUBERCULOSIS, PULMONARY.

At least four classes of employments have a tendency to favor the development of tuberculosis. They are:

1. Sedentary employments in ill-ventilated apartments, involving confinement in impure air and other unwholesome conditions. This class of occupations is typified by the so-called sweat-shops for the manufacture of various articles of clothing.

2. Employments which necessitate the inhalation of irritating dust and noxious vapors. Such are those of stone-cutters, bleachers, match-makers, needle-makers, file-cutters, grinders, engravers, etc.

3. Employments which involve the overuse or abuse of certain muscles. These are athletes, prize-fighters, gymnasts, wrestlers, professional bicycle-riders, ball-players, etc., a large proportion of whom die eventually of phthisis.

4. Employments which involve undue familiarity with intoxicants. These are those connected with manufacture and sale of wine, beer, and the various classes of alcoholics. Tatham's tables show that, taking the average mortality from consumption at 100, that of publicans is 140, of brewers 148, and of bartenders 257.

The principal measures of prevention now recommended are as follows:

1. The proper disposal of tuberculous sputum.

2. Control of milk and meat supplies.

3. Notification of the Board of Health of all cases of tuberculosis.

4. Sanitaria and hospitals for consumptives (in sanitary dwellings).

5. The prevention of overcrowding, defective ventilation, damp and rain.

6. Healthful occupations, with healthful conditions for carrying them on.

7. Residence in rural districts, favorable climatic conditions.

8. An abundance of sound and wholesome food.

9. Personal cleanliness and public hygiene.

10. Isolation and disinfection of consumptives.

The figures showing the death-rates at intervals of fifty years combine to teach the encouraging fact that the death-rate from consumption is steadily decreasing throughout the civilized world. So marked is the improvement in this direction that it is not too much to say, as one writer has done, that the average individual of today "is exposed to a risk of dying from phthisis in a degree about three-fourths as great as that to which his parents were exposed, and only one-half as great as that to which his grandparents were exposed."

In seeking for the causes of this gratifying improvement one fact stands out above all others, and including all others, namely: That this decrease in the death-rate from consumption has been coincident with better circumstances on the part of the people, increased intelligence of the masses, and the general progress of the world in all the arts of civilization.—J. M. French (Medical Examiner, December, 1901.)

TUBERCULOSIS OF THE PHARYNGEAL TONSIL.

In an article entitled "A Study of Hyperplasia of the Pharyngeal Lymphoid Tissue (Adenoids) with Especial Reference to Primary Tuberculosis of the Pharyngeal Tonsil" (American Journal of the Medical Sciences, June, 1902), Dr. A. J. Lartigau and Dr. Matthias Nicoll, Jr., record their painstaking endeavors to ascertain the frequency of tuberculosis of the pharyngeal tonsil. Seventy-five consecutive specimens of adenoids were tested for tuberculosis. Alternate pieces of each growth were used for inoculation experiments and the remainder was set aside for histological examination. With the exception of the first seven specimens the portion of tissue set aside to be inoculated was reduced to a pulp, the juice therefrom filtered through sterile cheese-cloth, and the filtrate was then inoculated beneath the skin of the groin of a guinea-pig. In the first seven cases the alternate pieces were merely introduced subcutaneously without pulpification.

Two animals died, on the sixteenth and twentieth days respectively; no evidence of tuberculosis was found in them. All the other animals died or were killed after the twenty-seventh day. The presence or absence of tuberculosis in the inoculated animals was always tested by microscopical examination of the tissues at the seat of the lesion and elsewhere. Tubercle bacilli were always demonstrated in the lesions of the positive cases. Tubercle bacilli were looked for only in the sections of those specimens which induced tuberculosis in guinea-pigs, since it was assumed by the authors that the far more delicate inoculation test was decisive. As an evidence of the great care taken in this work in each of two cases over 125 sections were examined before the organism

could be demonstrated. Of the 75 specimens tested, 12 induced tuberculosis in the inoculated animals; hardened tissues of eight of these specimens contained both tubercle bacilli and lesions histologically more or less characteristic of tuberculosis. The remaining four specimens contained tubercle bacilli, but presented no histological evidence of tuberculous lesions. The eight considered as positively tuberculous showed giant cells, caseation and epithelioid cells. The remaining four showed none of these elements. In all cases the bacilli were more or less close to the surface and few in number; the lesions of seven cases were likewise peripherally situated, close to the epithelium and quite local in character. Four showed single tubercles; in two of the specimens the histological lesion was diffuse but not extensive. One specimen only showed a lesion in the middle of the adenoid tissue, consisting of a single tubercle. The morphology of the tubercles is said to have been generally characteristic; almost all seemed to be of recent formation. Very little caseation was noted; and giant cells were few in number or not present. The authors seem rather inclined to include the cases presenting bacilli, but no characteristic tuberculous lesion as tuberculous cases. The tubercle bacilli present in these specimens were specially tested as to their virulence. One contained bacilli of moderate virulence while the other two showed bacilli of low virulence. While considerable work has been done within the last decade on the subject of the relation of tuberculosis to pharyngeal adenoid tissue much of it is of an incomplete kind. Many investigators looked for histological evidence alone, other sought only the bacillus in the tissues, often in a more or less careless manner, no

doubt; but few undertook inoculation experiments in addition. The authors point out that it is only by the most careful work that we can certainly determine the frequency of tuberculosis of adenoid tissue and its relation to a general process.—*Pediatrics*, July, 1902.

TUBERCULOSIS IN INFANCY AND CHILDHOOD.

B. K. Rachford (*Arch. of Pediatrics*) has for a number of years employed guaiacol in the treatment of tuberculosis in children; it is particularly praised in lymph node tuberculosis, which the author believes quite common, but which is diagnosed with some difficulty. The formula used is as follows:

Guaiacoldr. 1
Lanolindr. 2
Larddr. 5

M. Sig. One level teaspoonful to be rubbed into the chest at bedtime.

The writer says that inunctions of guaiacol, notwithstanding their great value in the treatment of tuberculosis of infancy and childhood, are of comparatively little value in the treatment of this disease in the adult. The reasons for this are evident. In the first place, the general lymphatic and glandular systems are more active in the child than they are in the adult, and in the second place adult tuberculosis is not, as a rule, tuberculosis of the lymph nodes. In acute tubercular conditions marked by fever and other active symptoms, he directs that a level teaspoonful of the ointment be rubbed into the skin over the abdomen and chest night and morning. The rubbing should be done gently and firmly and should occupy ten or fifteen minutes. This treatment may be continued for from one to two weeks and then one inunction a day

may be continued for an indefinite period. After the active symptoms have been controlled the inunctions may be discontinued for a while or given two or three times a week as long as may be deemed necessary.

CALIFORNIA HEALTH RESORTS

—IDYLLWILD.—Considering that Southern California is, and has been for many years, a Mecca for health-seekers from all parts of the United States, and even from foreign countries, it is somewhat remarkable that so little should, so far, have been done to supplement the advantages which nature has given us, in the shape of an unrivalled climate, by establishments where invalids may receive all needful care and attention, in accordance with the most approved principles of modern hygiene.

In Europe there are hundreds—nay, thousands—of such places, many of them, like the noted baths of Carlsbad, to which reference was recently made in this department, having become celebrated all over the world, attracting every year thousands of patients from the most distant parts of the earth. In Europe, the invalid may have the choice of almost any variety of "cure" that has been thought of. There are mineral waters, for the alleviation of almost every phase of ailment, hot and cold mineral baths, diet cures, whey cures, grape cures, and a great variety of other kinds of establishments, where nature is assisted in throwing off disease.

Here, in California, nature has certainly done much for us, in preparing the way for such establishments, which in Europe bring millions of dollars every year into circulation. We have a long stretch of seashore, where surf bathing may be indulged in every day of the year, by those who are fairly strong, with hot salt water baths in a few places for the less

vigorous. On the other side, are the pine-covered mountains, where the pure air of high altitudes brings new color to the faded cheek. Then, in between, are many places where healing waters bubble up from the earth. Some of these springs have acquired something of a local reputation, and are visited by many Southern Californians and a few strangers during the summer months, but, with one or two exceptions, the accommodations at these places are crude, and little effort has been made to provide comforts and conveniences for invalids, who in many cases are willing to pay liberally for what they want. At the seaside, scarcely any effort has been made to cater to other than pleasure-seekers, and the same is true of the mountains.

The first pretentious effort to establish a health resort on a large, scientific and up-to-date basis was started about a couple of years ago, when the California Health Resort Company was organized, with a capital of \$250,000, the ninety stockholders being principally physicians, and numbering in their ranks a majority of the prominent medicoes of Southern California. A tract of nearly 5060 acres was purchased on San Jacinto Mountain, in Riverside county, embracing what is known as Strawberry Valley, which for many years has been a favorite camping resort for people living in the warm plains below. This valley is a mile above sea level, or, to be exact, 5250 feet. The valley is covered with timber, many of the trees being large, pine, cedar and live oak predominating. The scenery is grand and picturesque, resembling that of the White Mountains of New Hampshire. There are numerous springs of pure water on the property, and several streams that never run dry. At this altitude, the air is much dryer than in the lower land,

near the coast, the difference in relative humidity between Idyllwild and Los Angeles amounting probably to 50 per cent. As is well known, in diseases of the lungs, the dry air is an essential requisite. The question of humidity is of far greater importance than that of temperature. For this reason, consumptives have for many years been sent to the higher regions of Switzerland and Colorado during the winter months. The tract is surrounded by a United States forest reservation of 734,000 acres, so that it can never be contaminated from the outside. Back of the valley towers Mount San Jacinto, one of the highest mountains in Southern California, with an altitude of about eleven thousand feet. The altitude of Strawberry Valley is very similar to that of several of the most noted health resorts of Switzerland. For instance, Davos, a favorite resort for consumptives, is 5105 feet above the sea. In that latitude there is, however, much more snow, although in winter and sometimes in the early spring months a considerable amount of snow falls at Idyllwild, as the new resort is called.

About a year ago the sanitarium at Idyllwild, containing fifty rooms, was opened. It is a neat, attractive and cheerful wooden building, fitted with every modern convenience, including electric lights, hot and cold water baths, and so forth. There are wide verandas all around the building, where invalids may rest in the sun or shade, according to the hour of the day. In the building every comfort has been made to maintain perfect hygienic conditions. The floors are bare, except for a few rugs. The bedsteads are all of iron and brass. There is no paper on the walls. Every time a guest leaves, the room is thoroughly cleansed and fumigated, the bed clothing is all boiled, and the

ableware is also boiled after each meal. There are no cuspidors in the sanitarium, except in the toilets, and no expectoration is allowed around the place. Each consumptive guest is furnished with a small pocket flash, of which there are several patterns, for use for expectoration. These are collected every morning, emptied and thoroughly boiled and disinfected. There is a corps of trained nurses and a resident physician.

The system followed at this institution is similar to that which has become popular during the past few years at several German institutions for the treatment of consumptives, where the results have attracted much attention among physicians throughout the world. It involves a combination of the fresh-air cure, which has come into such vogue of late, and a copious diet, the patient being urged to eat as much as possible, the idea being that he should assimilate sufficient nourishment over and beyond the everyday needs of the body to compensate for the waste that has been caused by the disease. Under the influence of the constant breathing of pure air, night and day, it is astonishing what a large amount of food these consumptives can consume. In addition to the three regular daily meals, they are served with fresh milk twice daily, at 10 a. m. and 3 p. m. Under this system, some of them have made remarkable gains in weight within a short time.

The patients live practically in the open air, the windows of the bedrooms never being closed. In addition to the sanitarium building, there are around it, under the trees, a number of neat cottages and tents, the inmates taking their meals at the hotel, unless they are brought to them. The tents are left open at one side, a screen being placed before the bed.

Dr. McNeil, the resident physician, who takes a deep interest in the institution, states that the chief difficulty he has to contend with is in

getting some patients to carefully follow the directions. It requires a considerable amount of will power and self-control to get back to nature, whose laws may have been violated for many years. It is, of course, much easier to take something with a high-sounding name out of a bottle, but then health is not regained in that way. The Company has issued a circular, containing a number of excellent suggestions for invalids, a copy of which will be reproduced in this department next week.

This institution is an excellent thing for Southern California, in more ways than one, because it furnishes a place where consumptives, who would be a menace to those around them, may be properly cared for, with benefit to themselves and those whom they might infect. It would be a good thing if some of our architects would take a trip to Idyllwild, and get a few notes on the subject of hygienic building. The plumbing bill of the sanitarium, alone, amounted to more than \$10,000.

For those who are in good health, the company has established a pretty resort, about half a mile distant, so that the invalids may be kept by themselves, and not be interfered with by those who are simply "on pleasure bent." The trip to Idyllwild is made by train to Hemet, a four hours' trip, and thence by stage, with a careful driver, in four hours more, to the sanitarium. Invalids, who think they might not be able to stand the exertion of so long a trip, would do well to go down the previous day to Hemet, where there is a comfortable hotel, and proceed up the mountain on the following day. Full information in regard to the route, and so forth will be found in the advertising columns of The Times.

There is room in our mountains, at our mineral springs, and at the seashore for many other institutions of this kind, for the world is, unfortunately, full of invalids, and there is only one Southern California.—Los Angeles Daily Times.

ATTRACTIVE CLUBBING OFFER

Everybody's Magazine...

is published by John Wanamaker. It is a clean, bright, wholesome, entertaining family magazine. In quality and quantity of reading matter, illustrations, printing and paper it is one of the best magazines published. The aim of Everybody's Magazine is to give its readers each month interesting, vital and well-written stories and articles, with the finest illustrations that can be procured from artists using the brush and the camera. It is just as good as money and the best editors can make it, and it is worthy a place in every American home.

RULES FOR ORDERING

All Club Subscriptions must be new except to our publication. Not more than five periodicals can be formed into one combination, two of which must be our publication and Everybody's Magazine. The offers are restricted to the periodicals named in these clubs. Our club price pays for a full yearly subscription to each periodical in the club. Each yearly subscription will be sent to one or different addresses, as may be desired.

All Club Subscriptions Must be New Except to Southern California Practitioner	Regular Price By Subscription	Club Price
Everybody's Magazine (1 year; 12 numbers) John Wanamaker, Publisher. See description.	\$1 00	\$5 ²⁵ —
Harper's Weekly (One year; 52 numbers) The Outlook or Scientific American may be substituted for Harper's Weekly	4 00	
World's Work (One year; 12 numbers)..... Literary Digest may be substituted for World's Work	3 00	
Harper's Bazar (One year; 12 numbers)..... Sunday School Times or Little Folks or American Boy may be substituted for Harper's Bazar	1 00	
Southern California Practitioner	1 00	
		For All One Year

THE PERIODICALS WILL BE SENT TO ONE ADDRESS OR TO DIFFERENT ADDRESSES, AS MAY BE DESIRED

	Regular Price	Club Price
Everybody's Magazine, Harper's Bazar and Sou. Cal. Practitioner	\$ 3 00.....	\$ 1 75
Harper's Bazar, American Boy, Everybody's and Sou. Cal. Practitioner	4 00.....	1 25
American Boy, S. S. Times, Everybody's, Harper's Bazar and Southern California Practitioner	5 00.....	2 75
World's Work, Harper's Bazar, Everybody's and Sou. Cal. Practitioner.....	6 00.....	3 25
Literary Digest, American Boy, Everybody's and Sou. Cal. Practitioner.....	6 00.....	3 25
Public Opinion, Everybody's, American Boy, S. S. Times and Southern California Practitioner	6 00.....	3 25
Country Life, Public Opinion, Everybody's and Sou. Cal. Practitioner.....	8 00.....	3 75
Everybody's, World's Work, Country Life and Sou. Cal. Practitioner	8 00.....	3 75
Harper's Bazar, Public Opinion, Country Life, Everybody's and Southern California Practitioner	9 00.....	3 75
Little Folks, American Boy, Literary Digest, Everybody's and Southern California Practitioner	7 00.....	3 75
Harper's Weekly, Everybody's, Harper's Bazar, American Boy and Southern California Practitioner	8 00.....	4 25
Scientific American, American Boy, Little Folks, Everybody's and Southern California Practitioner	7 00.....	4 25
Public Opinion, Harper's Weekly, Everybody's and Sou. Cal. Practitioner	9 00.....	4 25
Harper's Bazar, Country Life, Everybody's, Harper's Weekly and Southern California Practitioner	10 00.....	4 75
The Outlook, Everybody's, Little Folks, Public Opinion and Southern California Practitioner	9 00.....	4 75
World's Work, The Outlook, Everybody's and Sou. Cal. Practitioner.....	8 00.....	4 75
Harper's Weekly, Everybody's, Public Opinion, Country Life and Southern California Practitioner	12 25.....	5 25
Everybody's, Scientific American, The Outlook and Sou. Cal. Practitioner....	8 00.....	5 25
Literary Digest, Harper's Bazar, Harper's Weekly, Everybody's and Southern California Practitioner	10 00.....	5 25

ALL CLUB SUBSCRIPTIONS MUST BE NEW

Except to our publication

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS / Associate Editors.
DR. GEO. L. COLE

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

DEATH OF DR. JOSEPH EASTMAN.

The Medical and Surgical Monitor for June is taken up to a great extent with tributes to Dr. Joseph Eastman, the well-known surgeon of Indianapolis, who died of carcinoma of the liver, at his country residence near that city. The doctor was only about 60 years of age, yet he had achieved great success in his profession and had two sons who are also well known as able surgeons. The tribute to Dr. Eastman by Dr. Samuel E. Earp, that appears in the Monitor, is a well-written epitome of his life.

We well remember, over 30 years ago, when we were teaching the district school at Brownsberg, Indiana, a town a few miles from Indianapolis, that in all serious cases Dr. Joseph Eastman, the great young surgeon, would be sent for, and his opinion

would be waited for with bated breath. Although at that time not yet 30 years of age, he was looked on by the laity in that section as the ablest surgeon in Central Indiana.

In the course of the sketch of Dr. Eastman's life, Dr. Earp says:

"How fittingly appropriate that his last hours should be spent at his summer home which he loved so well. The snows of winter had passed, spring had just lapsed into summer at a time when nature was in all her glory at Jipson place. Surely the desire of his heart was realized. This must have been his ideal of a home, as it accurately answers a description given by him in a public address, as follows: 'What an advantage it is to grow up in the country, to commune with nature, to enjoy the beauties of green fields instead of paved streets;

to gaze on oaks and elms instead of steeples and chimneys; to see the radiant tints of the morning dawn and the beauties of the setting sun; where mind can grow commensurate with a healthy body; where one can develop and cultivate the greatest faculties—that of thinking, without having the continuity of thought interrupted by the rumbling of omnibuses or shrieking of steam engines; where one can see in reality what art galleries only imitate, and while enraptured with the works of nature and the created, become filled with the realization of the existence of a Creator.'

"For months Dr. Eastman's couch has been enmassed in the choicest of beautiful flowers, which were tokens of love and esteem from sympathizing friends. Their beauty and fragrance carried silent messages of affection that brightened the countenance of the beloved surgeon. Some years ago, in the presence of the writer, Dr. Eastman said: 'Speak cheering words while ears can hear them, send flowers to sweeten the home before we leave it. I would that my friends would bring them during my weary and troubled hours that I may be refreshed and cheered by them.' How beautiful and sublime that the fulfillment of this thought brought comfort and cheer to the heart of this noble man. The garlands of love held sweet communion as he entered the portals beyond

ance of is that of our milk supply. There is no doubt great carelessness, not only in cities, but in towns and villages, and no person is better able to correct this than the physician. The idea of washing the cow and keeping her clean, and of the milkers washing their hands and being careful about their clothing, seems to enter the minds of very few. The following, which we take from the Brooklyn Medical Journal for May, is an extract from a report by Dr. Elias H. Bartley, chairman of the Milk Commission of the Medical Society of the County of Kings:

"The object of this commission is to encourage dairymen to put on the market clean as well as pure milk. By clean milk is meant milk which not only conforms to the chemical standard, but which contains the least possible number of bacteria. Bacteria gain access to the milk in many ways; the lower part of the cow's teat contains them, they may exist in the pail or fall into the pail from the air or from the udder of the cow or the hands of the milker, and in other ways, and unless the milk is immediately cooled to a temperature below that favorable for growth, they proceed to multiply with astonishing rapidity.

"2. The Cows.—Have the herd examined at least twice a year by a skilled veterinarian. Promptly remove from the herd any animal suspected of being in bad health, and reject her milk. Never add an animal to the herd until certain it is free from disease, especially tuberculosis.

DAIRY SANITATION.

One of the most important matters that physicians should take cogniz-

Do not allow the cows to be excited by hard driving or abuse. Feed liberally, using only fresh, palatable food stuffs. Provide water in abundance, easy of access, and always pure. Do not allow any strongly flavored food, like garlic, cabbage or turnips, to be eaten. Clean the entire body of the cow daily. If the hair in the region of the udder is not easily kept clean, it should be clipped. If the sides of the cow are plastered with dirt or manure as is often the case, a certain amount is sure to fall into the pail during the milking. This is where the trouble manure abound in bacteria, which cause decomposition in the milk, and thereby induce intestinal diseases in children fed on it.

"3. The Milking.—The milker should be clean in all respects, and should avoid contact with contagious diseases. He should wash and dry his hands, and clean his nails, before milking. After the hands have been really begins, for this dirt and washed with soap and water, a little vaseline may be used on them, thereby preventing scales from the teat or fingers getting into the milk. The vaseline thus used should be kept in collapsible tubes, and not in bottles. The milker should wear clean, dry garments, used only when milking; and kept in a clean place at other times.

"Brush the udder and surrounding parts just before milking, and wipe them with a clean, damp cloth. Commence milking at the same time every morning and evening, and milk

quietly and thoroughly. Use a pail with an aperture not over eight inches in diameter, and provided with a tight-fitting cover. Throw away the first few streams from each teat. This first milk is watery and of little value and during the intervals between milking the bacteria from the air get into the cow's teats and grow with great rapidity. These bacteria cause early souring of the milk. If in any milking a part of the milk is bloody, or stringy, or unnatural in appearance, the whole milk of that cow should be rejected. Milk with dry hands, or oiled, as above; never allow the hands to come into contact with the milk. If any accident occurs by which the pailful, or partly full, of milk becomes dirty, do not try to remove this by straining, but reject all this milk, and rinse the pail.

"4. Care of the Milk.—Remove the milk of every cow from the dairy at once to a clean, dry room, where the air is pure and sweet. Strain the milk through a metal gauze and a flannel cloth, or a layer of cotton as soon as it is drawn. Cool, bottle, and seal the milk as soon as it is strained. The rapid cooling of milk is a matter of very great importance. Coolers, suitable for use with well water or ice water, can be had at any dairy supply house, at small cost. By using one of these, the cow odor, the heat, and much of the dirt can be removed from milk in a few minutes. The milk should be cooled to, and kept at, 45 degrees F.

"Clean all dairy utensils by first thoroughly rinsing them in warm

water; then clean inside and out with a brush and hot water, to which a cleaning material such as washing soda has been added; then rinse, and lastly sterilize by boiling water or steam. Use pure water only. After cleaning, keep the utensils inverted in pure air and sun, if possible, until wanted for use. Old cans, in which parts of the tin are worn off, or where there are seams and cracks, are impossible to keep clean, and should not be employed.

"If precautions like the above are strictly carried out, the milk will be clean, and remain sweet for a considerable length of time. The fresher the milk is, the better it will be for family use."

DR. COMBES, PREMIER OF FRANCE.

A physician is now at the head of the French government. Dr. Combes is 67 years old and, like Bonaparte and M. Thiers, is a very small man. He began the practice of medicine in the town of Pons, a place of 5000 inhabitants. In 1875 he was elected Mayor of that city; in 1886 he was elected to the French Senate; in 1895 he was appointed Minister of Public Instruction, and now he becomes Prime Minister of France, succeeding M. Waldeck-Rousseau. We trust that he, as Prime Minister and an earnest advocate of reform, will, like General Wood in Cuba, reflect everlasting credit upon the medical profession.

LANGUAGE IN PRESENCE OF NURSES.

We have known men who would use the most elegant language when

out in society, and yet in the presence of their own families would swear like troopers. Likewise we have known physicians and surgeons who, as they pass from patient to patient, use the language of true gentlemen, show quite a different phase of their characters when the patient is anesthetized and only other doctors and the nurses can hear them.

These doctors seem to enjoy getting just a little broad in their talk. The nurses are helpless and the flushed cheek is their only protest. We have heard this kind of language from doctors who have young lady daughters and who would certainly get very indignant if any man was to talk in that manner in front of them.

The majority of the nurses in our California training schools are, in culture, education and nobility of ideals the equals of the daughters of physicians or the daughters of the members of any other professions and they should be—they must be—treated with the same respect. It is to the interest of the medical profession to elevate the standard of nurses, to make it as it deserves to be, next to motherhood, the noblest sphere for the noblest women.

EDITORIAL NOTES.

Dr. Gordon of Westminster is about to remove to Santa Ana where he will have a larger field.

Dr. Bullard has been devoting several weeks to surgical work at the Johns Hopkins Hospital.

Dr. L. D. Hocket has just moved into his new residence in Whittier, and is making it an ideal home.

Dr. F. F. Rowland of Pasadena has just been appointed official surgeon of the electric railway at that place, succeeding Dr. Sherry.

Dr. Geo. S. Hull, the Pasadena specialist, is taking a rest, and during his vacation Dr. W. Edward Hibbard will occupy his office.

Dr. R. W. Craig of Phoenix, Arizona, returned home July 4th from a trip East, during which he attended the meeting of the American Medical Association.

Dr. R. M. Dodsworth of Tucson, Arizona, has been appointed physician of the Indian School at Phoenix. He entered upon the duties of that position on July 1st.

Dr. Arthur A. Libby, the Los Angeles oculist, has gone East. He will first take a short vacation in Maine and then go to Philadelphia for special study on the eye.

The commencement exercises of the College of Physicians and Surgeons of San Francisco were held on June 26th. Graduated 39 in medicine, 46 in dentistry and 18 in pharmacy.

Drs. C. C. Wadsworth, D. E. Osborne and W. Tait of San Francisco have been spending a few days in Los Angeles as members of the State Board of Medical Examiners.

Dr. E. R. Smith witnessed the graduation of his son at the University of Pennsylvania and saw him installed as resident physician at the University Hospital in Philadelphia.

Dr. E. R. Smith, Dr. Rose Bullard, Dr. Carl Kurtz and Dr. H. Bert Ellis of Los Angeles, and Dr. J. H. McBride of Pasadena, have all returned from the annual meeting of the American Medical Association which was held at Saratoga, N. Y., in June.

Dr. W. V. Whitmore, who is well known in Los Angeles, was president of the Arizona Medical Society in 1898 and has now, in spite of himself in 1902, been elected first vice-president. Our Arizona friends seem to believe in holding on to what is good.

Dr. E. G. Frisbie, a well-known San Francisco surgeon, announces that he has resigned from the chair of Orthopaedic surgery in the College of Physicians and Surgeons in San Francisco. The doctor is taking a few weeks' vacation at the Shasta Retreat in the mountains.

Dr. A. S. Lobingier, after attending the American Surgical Association at Albany and the American Medical Association at Saratoga, left New York for London July 12th. The doctor will attend the British Medical Association at Manchester, and then go to the continent for a few month's special study.

"Reciprocity in Medical Licensure" is the subject of a very forcible paper

by Dr. Samuel A. Fiske of Denver, which appeared in *American Medicine*, May 31st. He insists upon the importance of some uniformity of action between States. "Establish a standard which, once attained, is good for all time and all the States," is his slogan.

Dr. W. Edward Hibbard, formerly of Providence, R. I., where he was attending physician of the Roger-Williams Eye, Ear, Nose and Throat Infirmary, has come to California on account of his wife's health and has located in Pasadena. He has taken charge of the practice of Dr. Geo. S. Hull, who is convalescing from a serious illness, but does not intend to resume work until October.

We have received a pamphlet on the History of the Invention and of the Development of the Ophthalmoscope by Harry Friedenwald, M.D., Baltimore, Md. In the same pamphlet is a biographical article entitled "Hermann von Helmholtz—the inventor of the Ophthalmoscope," by Casey A. Wood, M.D., Chicago. These are both very interesting papers and will be of particular value to the specialist.

We have received from Surgeon-General Walter Wyman, of the U. S. Marine Hospital Service, Yellow Fever Institute Bulletin No. 8. The title of this Bulletin is "Yellow Fever in France, Italy, Great Britain and Austria, and Bibliography of Yellow Fever in Europe." Literature which is being issued under the direction of Surgeon-General Walter Wyman on this subject will prove of great importance.

We gladly call attention to the advertisement of the Combination Billiard Table Company, which appears in this issue of the *Southern California Practitioner*. This company manufactures an excellent article, as we have demonstrated at the Idyllwild Sanatorium, where we have one of their tables. Their goods are comparatively inexpensive and one of their tables makes a beautiful piece of furniture. Any of our readers who are interested in the subject should address the Combination Billiard Table Co., Indianapolis, Indiana, and get their illustrated catalogue and price list.

A new building for the Long Island College Hospital will be erected by J. Rogers Maxwell at a cost of \$400,000. Henry W. Maxwell, brother of the donor, was President of the Board of Regents of the Hospital and presented \$100,000 to the institution towards the erection and maintenance of the Training School for Nurses. On his death, which occurred recently, the bulk of his fortune, valued at several million dollars, was left to his brother, who will erect this building for the hospital as a memorial.

This most excellent college has been treated liberally by friends in the last few years, and all scientific men are glad of it. We trust that the physicians of Southern California will have eyes open for such gifts for our own medical college, which, in a more modest way, is as deserving as any institution in the United States.



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)
57-59 PRINCE STREET, NEW YORK

Sold by Leading Druggists Avoid Imitations
Mention this Publication

DIASTALIN

(TRADEMARK)

An ideal digestive agent composed of Pepsin, Caroid, Pancreatin, Diastase, Nux Vomica, Bismuth Subgallate, Willow Charcoal, with Lactic and Hydrochloric Acids.

Diastalin is giving universal satisfaction. A trial will convince you that this combination is infinitely superior to any other that you have ever used. Liberal sample free.

HEMATONE

(TRADEMARK)

A perfect Blood and Nerve Food. It contains in soluble form all the blood-iron albuminates and salts (Hemaglobin, Paraglobulin, Phosphates, etc.) with Hydrastis, Nux Vomica, Hypophosphites, and the Tissue Salts. It is an ideal reconstructant, and will give satisfaction to the most exacting.

ZEMATOL

(TRADEMARK)

GUARANTEED to cure all forms of Eczema, also Tetter or Salt Rheum, Barber's Itch, Varicose, Ulcers, Pruritis Ani or Vulva, and Ring-worm. Zematol is the most wonderful preparation you ever used. If you doubt it, send us \$2.00 for a pound can, try it, and if you are not satisfied with the results, return the unused portion to us, and we will refund your money.

Zematol contains the Oil of Betula (Russian), Potassium Sozoiodolate, Zinc Oxide (C. P.), Mercury Naphtholate, Ichthyol, Gallanol, and Volatile Oils.

SEND FOR CATALOGUE

CHICAGO PHARMACAL CO.,

TRADE SUPPLIED BY

F. W. BRAUN & CO., LOS ANGELES AND

REDINGTON & CO., SAN FRANCISCO

CHICAGO, ILL.



to
2

UTS

ON

WT.
35
lbs.

From 6 mos.



ESKAY'S FOOD

HEALTHY BABYHOOD

is always the result of proper diet. Babies on Eskay's diet teeth easily and naturally, and otherwise successfully pass through their second summer as did the one whose picture we show herewith.

Samples and clinical reports sent on application to the manufacturers,

SMITH, CLINE & FRENCH CO.,

Philadelphia, Pa.

BOOK REVIEWS.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustavus P. Bond, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School, Volume VI. General Medicine, edited by Frank Billings, M.S., M.D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago, with the collaboration of S. C. Stanton, M.D., May, 1902, The Year Book Publishers, 40 Dearborn street, Chicago. The present volume is one of a series of ten, issued at monthly intervals, and covering the entire field of medicine and surgery. Full details of the plan of the books will be found in the publishers' announcement on the last pages of the book. Price of this volume, \$1.50. Price of the series, \$7.50.

This volume, edited the new president of the American Medical Association, contains an especially full régime on the treatment of typhoid fever; other subjects: That of Diseases of Intestines, for instance, are of almost equal value.

BOOK REVIEW FRT AGATE DUFF
THE DIAGNOSIS OF NERVOUS AND MENTAL DISEASES, by Howell T. Pershing, M. Sc., M. D., Professor of nervous and mental diseases in the University of Denver, Neurologist to St. Luke's Hospital, Consultant in nervous and mental diseases to the Arapahoe County Hospital, member of the American Neurological Association. Illustrated, P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa., 1901. This modest volume of 217 pages will be useful in diagnosis to all who are not specialists. The charts and illustrations are plain and graphic.

A brief manual of Prescription Writing in Latin and English for the use of physicians, pharmacists, and medical and pharmaceutical students, by M. L. Neff, A.M., M.D., F. A. Davis Company, publishers, Philadelphia, Pa., 1901. This a practical little volume by an experienced instructor.

A PRACTICAL TREATISE ON SMALLPOX, illustrated by colored photographs from life by George Henry Fox, A. M., M. D. consulting dermatologist to the health department of New York City, with the collaboration of S. D. Hubbard, M. D., S. Pollitzer, M. D., and J. H. Huddleston, M. D. Price \$2.00. J. B. Lippincott Co.

Whenever a physician is called to a case of suspected smallpox, he confronts a grave responsibility. If young or without special experience, he is apt to feel a sore need of assistance, and, although a book can never take the place of an experienced consultant, it is the object of the present work to render him as much aid as possible. The book aims to be practical rather than elaborate. The plates are reproductions of photographs from life, some of which have been obtained with great difficulty.

While many articles on variola have been illustrated by a few photographs of cases, mostly of the pustular type, this work is believed to be the first which has presented illustrations of the smallpox eruption in each of its successive stages. Taken all in all it is the most commendable work the reviewer has yet seen for one desiring a book knowledge of smallpox.

WHARTON'S MINOR SURGERY AND BANDAGING. New (5th) edition, thoroughly revised. A Manual of Minor Surgery and Bandaging. By Henry H. Wharton, M.D., Professor of Clinical Surgery in the Woman's Medical College, Surgeon to the Presbyterian Hospital, Philadelphia, etc. In one 12mo volume of 612 pages, with 509 illustrations, many of which are photographic. Cloth \$1.00 net. Just Ready. Lea Brothers & Co. Publishers, Philadelphia and New York.

Surgery progresses so rapidly that frequent revision is necessary to keep any surgical book in line with its advances. The wide favor accorded to Dr. Wharton's work affords him frequent opportunities for revisions, which are never slighted. The volume contains much more than its title indicates, for while it furnishes a detailed description of the various bandages, surgical dressings and minor surgical procedures employed in

present-day surgery, it has in addition sections on Tracheotomy, Intubation, Ligation of Arteries, Amputations, Operative Procedures on the Cadaver, and also a valuable chapter on Surgical Bacteriology.

The author's clear, terse style, with an abundant selection of most helpful pictures, together make a work of great value for the practitioner and student, the popularity of which increases with each edition.

ABBOTT'S BACTERIOLOGY, A Practical Manual of Bacteriology for Students and Physicians. By A. C. Abbott, M.D., Professor of Hygiene, University of Pennsylvania. New (6th) edition, revised and enlarged. In one 12mo volume of 636 pages, with 111 illustrations, of which 26 are colored. Cloth, \$2.75, net. Just ready. Lea Brothers & Co., Publishers, Philadelphia and New York.

The past three years have been productive of rich results in bacteriological study, and the new edition of Dr. Abbott's excellent manual appears opportunely.

Among other matters of practical interest which the volume in-

cludes are the recent findings regarding the causation of cerebro-spinal meningitis and dysentery; the lately revived investigations in tuberculosis, and the discovery of the new group of micro-organisms, which appear to be so closely allied to the bacillus tuberculosis; the very considerable additions that have been made to our knowledge of the mechanism of infection; and immunity, etc.

Dr. Abbott's work has had a very successful life. Six editions, each larger than its predecessor, in ten years, is a record reached by few medical books. This rapid and increasing demand offers frequent opportunities for revision, and each of these six editions presents not only a complete renewal, but a considerable enlargement, so that the volume now is nearly three times its original size.

That Abbott's Bacteriology is an accepted authority and a strong favorite with both student and instructor is not at all surprising.

THERAPEUTICAL HINTS.

GASTRALGIA—ITS TREATMENT.

—Gastralgia is, for therapeutical purposes, divided into two groups by Professor Saundby (N. Y. Medical Journal). The first group comprises those cases in which pain occurs independently of eating, and the second group, those cases in which the pain occurs after food is taken. The treatment of the first class consists of change of scene, a sea voyage or mountain air and abundant food at regular intervals. The palliative treatment consists of iron, quinine, arsenic, nuxvomica and the mineral acids.

For the second class, the treatment is, rest in bed, milk and lime water in sufficient quantities—say an ounce every hour. A nutrient enema of one egg, beaten up in four ounces of

milk, to be given every four hours. The amount of milk should be increased with improvement, and if milk fails, from two to four ounces of lightly cooked minced meat may be substituted.

For the relief of the pain in both cases, Saundby gives morphia or heroin, but in a recent clinical report Professor Boone, College of Physicians and Surgeons, St. Louis, states that he finds one antikamnia and heroin tablet (5 grains antikamnia; 1-12 gr. heroin hydrochloride), given as required, not only relieves pain, but prevents its recurrence, much more satisfactorily than either heroin or morphine alone. In other respects he concurs with Professor Saundby in his method of treatment.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, AUGUST, 1902.

No. 8

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE }

OOPHORECTOMY: ITS EFFECT ON THE MIND AND NERVOUS SYSTEM.*

BY WALTER LINDLEY, M. D., PROFESSOR OF GYNECOLOGY IN THE MEDICAL COLLEGE OF THE
UNIVERSITY OF SOUTHERN CALIFORNIA, EX-PRESIDENT OF THE CALIFORNIA
STATE MEDICAL SOCIETY.

The object of this brief paper is simply to call out information on three points: First, what effect has oophorectomy on epilepsy? Second, what effect has oophorectomy on insanity? Third, what effect has oophorectomy on a patient who has no apparent disease of the mind or nervous system?

In regard to its effect on epilepsy, the intimate relations of the uterus and ovaries, especially at the menstrual period, with the brain and nervous system, has led many observers to look at these organs with the hope that surgical interference would give relief. That the absence of menstruation might be beneficial to the epileptic has been inferred from the fact that pregnancy has been found to have at least an ameliorating effect on the epileptic. Independent investigators have demonstrated that, out of forty-six cases of epilepsy that became pregnant, twenty-nine cases were decidedly improved, nine

cases were stationary, and eight cases were aggravated.

In regard to oophorectomy for epilepsy, I have had but three cases, as follows:

First, M. J., aged 20. She was originally of fair intelligence, and began having epileptic seizures when 15. These had become more and more frequent, and had injured her mind, until it became necessary to send her to a hospital for the insane. She was brought from the insane hospital in order that I might operate on her. The case offered no tangible hope, but, as a dernier resort, I agreed to operate, knowing that she would otherwise become a confirmed imbecile. Consequently five years ago I removed both ovaries. She made a quick recovery from the operation, but continued having the convulsions just the same, and about six months later died in the insane asylum.

The second case was a woman of

Read before the Medical Society of the State of California, April 15, 16, 17, 1902.

35, whose attacks had begun about twelve years previous. She has an hypertrophied, lacerated, retroverted uterus, and I decided to remove the uterus and the ovaries, which I did vaginally one year ago. This patient made a quick recovery, and was absolutely free from any symptoms of epilepsy for a few weeks after the operation; since then she has completely relapsed to her former condition.

The third case was one that seemed to me particularly encouraging. This patient, M. J., was 19 years of age. She began menstruating when 13 years of age, and the very first day of her menstrual period she had her first convulsion. From that time on her epileptic seizures and her menstruation were almost synchronous. At times, when she had missed her menstrual period, she had also missed her convulsion; consequently, after getting the approval of Dr. H. G. Brainerd, I did an oophorectomy at the California Hospital, Los Angeles, Oct. 16, 1900. She made a fine recovery, and went home in three weeks. It is now a year and a half since the operation. For the first two months she had no sign of an attack, and during that time her mind, which was previous to the operation becoming weakened, gained in strength, and all felt encouraged; but after two months she began losing ground, and has relapsed into her former condition.

My experience has certainly been very discouraging, but we at least have the satisfaction of knowing that these afflicted patients will never reproduce themselves. Some authors believe that it would be still better to remove the uterus and leave the ovaries, thus superinducing the menopause, and at the same time giving the patient the alleged advantage of the remaining ovarian tissue. Dr. J.

H. McBride, of Los Angeles and Pasadena, says that in his experience the operation has done no permanent good in epilepsy. While Dr. H. G. Brainerd, of Los Angeles, says: "In regard to the effects of oophorectomy on epilepsy, I can recall only four or five cases in which the operation has been done for relief from that disease. In only one of these, other than the case which you operated on at my request, the seizures were uniformly recurring at the menstrual period. The operation produced the menopause, with a cessation of the epileptic seizure. In the other cases there was a temporary suspension of the seizures; they ultimately returned as frequently and as severe as before the operation."

In regard to the effects of oophorectomy on insanity, my personal experience had been quite limited, but I had one case a few months ago, who was a married woman, aged 30, who had borne three children. The history was that every time she became pregnant she went insane, and that she was in the hospital for the insane during six months of her last pregnancy. Also that when she menstruated, she showed considerable mental excitement; in fact, the woman was to some extent weak minded most of the time, but at other times than during her pregnancy she was able to do her housework. I performed this operation at the California Hospital, Los Angeles, January 4, 1902. The woman made a good recovery, and left the hospital for her home January 31, 1902. She remained very well for about two weeks, and then began to grow worse, and it was found necessary to commit her to the hospital for the insane on February 27. This is the only case where I have operated for insanity, and certainly my experience in this is not encouraging. Dr. H. G. Brainerd

says: "As to the effect of oophorectomy on insanity, two cases, which began as attacks of melancholia, with suicidal propensities, recurring with each menstrual period for a number of months, and later became continuous, were both cured by oophorectomy. In quite a number of other cases, where the operation was done in the hope of relieving insanity, the patients have been either not benefited or really made worse by the operation." "My opinion is that an insane or epileptic woman should have the same judicious treatment accorded her for ovarian trouble, which might or might not include the removal of the diseased organs, as the woman who is not insane. But only a very small proportion of either insane or epileptic women will be cured by oophorectomy. And I have seen not a few nervous wrecks whose chief source of trouble was, in my opinion, due to the removal of their ovaries."

These opinions of Dr. Brainerd and Dr. McBride, who are our highest authorities in Southern California as neurologists, coincide with the experience of Dr. F. T. Bicknell, the gynecologist. He says that in a number of cases of epilepsy and insanity on whom oophorectomy has been performed he has never seen any benefits result.

In regard to the effects of the operation on women who are previously normal in their mental and nervous condition, my own experience has been that there were no bad results. Out of about twenty cases that I have personally observed, there have only been three in whom nervous symptoms have possibly been attributed to oophorectomy, and in these there was room for doubt as to whether the operation was the cause of the trouble. Dr. Bicknell says that, where nervousness can be

traced to tender, painful, and neuralgic ovaries, oophorectomy and consequent menopause brings on prematurely that good nature and cheerfulness and content that we generally see in nervous women following the natural menopause. Dr. J. Montgomery Baldy, in Gould's Year Book of Surgery for 1901, says: "Possibly we are too much alarmed about the dangers and inconveniences of an artificial menopause. Double ovariectomy at least is not followed by very evident physiologic troubles."

The general tendency now seems to be to attribute great virtues to ovarian extract. The International Medical Annual for 1902 quotes Krusen, of Philadelphia, who has devoted three years to the study of the therapeutic properties of this substance, and has arrived at the conclusion that the principal function of the ovary is ovulation; and if any peculiar product is coincidentally manufactured, the isolation of this product has not yet been accomplished. The same work also quotes several others, who speak favorably. Dr. Regis prescribed it in cases of mania following the removal of both ovaries and tubes; the result was most successful, although many injections were necessary. Dr. Leopold Landau gives his support to this mode of treatment. The same work quotes Julian, who finds the drug of great value in post-operative menopausal symptoms, as in amenorrhea, dysmenorrhea, anemia, chlorosis, and osteomalacia. He gives full notes of forty-one cases in support of his assertions. The method of administration now generally adopted is to give five-grain tablets by the mouth three times daily. Gould & Pyle's Cyclopedia of Medicine and Surgery says: "The substance of the ovaries has been administered with some benefit in the nervous manifestations

and pathologic conditions which occur when the ovarian functions are partially or wholly arrested, as in cirrhosis or malignant disease thereof, or after the operation of ovariectomy. It is said to be of use in cases of depression or other mental disturbance coincident with the climacteric."

Without having taken any accurate notes on this subject, my impressions have been that the woman upon whom hysterectomy has been performed, and where the ovaries have been left, makes a quicker and more satisfactory recovery than the patient who has had oophorectomy performed. I could point to a considerable number of cases in Los Angeles of women who have great responsibilities, and hold, you might say, eminent positions, upon whom hysterectomy has been performed, and yet who are having the brightest and most successful years of their lives.

And, to sum up the whole matter with this very indefinite data, I would say that, in selected cases of epilepsy and insanity, where there is real disease of the ovaries, producing artificial menopause is advisable and justifiable, and that in any woman who has diseased ovaries the fear of producing nervous and mental diseases should not in any way interfere with the decision to promptly operate, but the preferable operation is to remove the uterus and leave the ovaries. This may logically lead to producing menopause by removing a section of both the Fallopian tubes, but I am not sufficiently informed of that operation to justify me in venturing an opinion.

DISCUSSION.

Dr. C. A. Von Hoffman, San Francisco: Oophorectomy can not have the same influence in all cases; it healthy of diseased ovaries are removed. In epilepsy I have no personal

experience, but all writers come to the conclusion that removal of the healthy ovaries has no beneficial effect in epilepsy. If epilepsy is caused by diseased ovaries, it may be possible to cure it by oophorectomy, since the cause of the disease is removed; but if the epilepsy proceeds from some other cause, this operation will be ineffective. There is a possibility that epilepsy may be the outcome of malformation of the genital organs, and that correcting this condition might cure the disease. Transplanting of healthy ovaries should have such an influence that a change to the normal in the genital organs would be brought about; thus we may expect a cure of epilepsy. After having talked the matter over with Dr. McCone, who had been experimenting in the transplanting of ovaries, I decided to act on this theory when an opportunity offered. This came in a young girl suffering from epilepsy, with undeveloped genital organs, who had never menstruated. She had been under treatment at the dispensary of the Medical Department of the University, and was sent to the City and County Hospital for the operation. In the hospital there was a patient suffering from chronic pelvic peritonitis, a case in which I had decided to remove the ovaries. There was an opportunity for transplanting ovaries, but unfortunately during the operation I found pus in the tubes, and I did not think it advisable to expose to infection the epileptic patient, who had been prepared by Dr. McCone. Under more favorable conditions, however, the theory might be given another chance. The effect of oophorectomy on the mental condition can not be the same in healthy and diseased ovaries. Only in such cases in which the healthy ovaries are removed can we speak with certainty of the effect

on the mental condition. Removal of the healthy ovaries or castration will bring about menopause, and with it the well-known nervous disturbances of this period. Regarding the removal of diseased ovaries, an article by Dr. A. T. Hobbs (*American Journal of Obstetrics*, February, 1902) is of interest. He advocates the operation on insane women, and claims that after the operation 49 per cent. recovered from insanity (number of cases treated 41). The duration of the insanity in the 20 cases averaged eighteen months after time of operating. As is usual with statistics, the inference to be drawn from them is unconvincing. On the other hand, in cases of diseased ovaries, where insanity is not manifest, suffering has existed for so long a period that it is difficult to decide after recovery whether the removal of the ovaries or the freedom from pain and return to health is responsible for the improvement in the mental condition. In drawing his conclusions as to the benefits mentally to be derived from the operation the physician must bear in mind this important fact of the patient's suffering before the operation, and consider the possible good effects of the relief from pain, before pronouncing the cure of the case to lie in the removal of diseased ovaries.

Dr. Geo. L. Cole, Los Angeles: Something like five years ago a woman under my care, who had borne one child, was sent to the asylum. She was there about one year, and returned recovered. Something like a year after she returned from the asylum she gave birth to a healthy child, and one year later developed evidences of insanity. She became emaciated, complained of severe pain during menstruation, and her relatives told me she was in practically the same condition as before she was

sent to the asylum. She said to me, "Unless you do something for me, I will return to the asylum." One symptom she complained of especially was a severe pain in the head, with a sensation of the head being separated from the body and floating around the room. She was willing for anything, and with consultation we removed the ovaries, which were not particularly diseased. The pain and symptoms left her, and now, at the end of nine months, she is a healthy, happy woman. I shall watch later developments with interest.

Dr. W. W. Kerr, San Francisco: As a general practitioner, sometimes seeing the results of surgery and gynecology, my experience in the results of operations such as the removal of the ovaries for relief of epilepsy is much the same as that expressed by Dr. Lindley. I have had two patients, one about twelve years ago, the other about sixteen years, who were operated on because they had epilepsy. The ovaries were removed, although they were apparently healthy, but the operation was undertaken with the idea that, since this nervous trouble developed simultaneously with menstruation, the epilepsy might cease if the menopause were hastened. In the first case the epilepsy ceased, but after eight months it returned, the patient suffering as much as she did before. In the other case the convulsions were absent for three months. The temporary improvement made us hope for better results, but it was only the temporary improvement that appears to follow all major operations. When a considerable piece of the skull is removed in epilepsy, the convulsions cease for some time, and a severe mental shock will produce similar results. The most interesting case I saw was a lady subject to

epilepsy, who fell down a well forty feet deep, and the result was that she had no convulsions for a year, and I think the improvement in oophorectomy is entirely on the same basis.

The shock affects the function of the nervous system for a certain length of time.—The Occidental Medical Times, July, 1902.

THE PREGNANT MOTHER AND THE OBSTETRICAL NURSE.

BY GEORGE E. ABBOTT, M. D., PASADENA.

As soon as you have failed to menstruate as usual, and think you may be pregnant, make a record in writing of the date and particulars of your last menstrual period. Keep this for your doctor.

Decide promptly upon the physician you wish to have attend you, and let him have a general oversight of you, until after your confinement. Allow him to make an examination at once, and again about the eighth month, to be sure that there is no deformity of your body and no malposition of the womb or of the child.

Use a clean chamber and bottle, and send a sample of the morning urine for examination every month; and during the last two months, every week, so as to guard against disease of the kidneys.

Decide early upon your nurse, that some one else may not engage the one you wish. Advise with your physician as to her ability; but select one congenial to you, as she will be your close companion for some time. It will be better for you, that the nurse be in the house for two or three days before your confinement to have everything clean and ready at hand, rather than for the last few days of her engagement, when there is nothing for her to do.

Require your nurse to attend to her finger nails and wash her hands carefully with soap and nail brush before preparing or changing any dressings about your body.

Do not put off preparation for your confinement, until the last moment. Everything for you and the baby should be ready by the sixth month at the latest.

Avoid, catching cold, freshly-painted rooms, long rides, journeys, crowds, unusual excitement and fatigue, especially at that part of the month (first, middle or last) when you have usually been unwell; especially, also, during the third and fourth month. Above all, avoid constipated bowels, as the health of your child, as well as your own, depends largely upon the daily movement of the bowels.

Do not believe all the exaggerated stories that may be told by others, to frighten you. Ask your physician or some trusted mother for facts. Remember that hundreds of thousands of mothers are safely delivered every year, each of whom has had her "first baby."

Memoranda for the Confinement Day.

Do not allow the pregnant mother to use the water closet, and especially the outdoor closet, for several days before confinement, for fear of infection from the foul air. Have her use a clean chamber.

Give her a full bath, as she must be in bed for one or two weeks. Do not give a douche (or make an examination) by the vagina, unless ordered by your physician. After the labor pains begin, give an injection of warm soap and water to clear the

bowels. Let the patient empty her bladder frequently.

Notify the doctor early, of probable confinement and again of positive labor pains, especially during the daytime, when he may be going in another direction for several hours. State in writing, that may be left with some responsible person for the doctor, the condition of the patient, the frequency and strength of the pains, breaking of the water, fever, chill, etc.

Do not let the pregnant mother walk about and get in and out of the bed, carrying dust and microbes between the clean sheets. Keep her on the outside of the bed, carefully clothed, and covered with extra blankets, until the pains are hard enough to keep her in bed permanently, then place her between the sheets with bedclothing on as for the night. Have the nightdress under her carried well up above the hips, so as not to get soiled with the discharges. Place a clean towel between the limbs ready for the breaking of the waters.

Do not allow your patient to strain and "bear down," until the doctor is in the house and advises it. Encourage her to rest quietly, until he comes. This is justice to your patient and loyalty to your physician, even if you do not get the credit of delivering the child, as some nurses try to do.

Wear a "wash dress." Keep finger nails and hands scrupulously clean. Always wash before changing the dressings, using the catheter, or touching the breasts.

Various Things Necessary for the Confinement Day.

Rubber sheeting to cover part or all of the mattress. Put it on rubber side up and a sheet over it. Also fold a sheet several times until it is about three feet square and place it under the hips. If a rubber sheet cannot be obtained in time, put a few clean newspapers in the folded sheet. This will protect the mattress. Don't use old, soiled clothing.

Prepare plenty of boiling water and cold water that has been boiled.

Plenty of laundered towels (not new ones covered with store starch and dust).

Two pitchers and bowls, small bowl, nail brush, soap, all clean.

Get at the Druggist's.

(Cross off those already in the house.)

Fountain or bulb syringe, bed-pan.

Nail brush, vaseline, flexible catheter, No. 12.

Two ounces boric acid in a wide-mouth bottle.

Small package (1 yard) surgeon's gauze.

Baby's hair brush, powder ball and powder, sweet oil, soap.

Rubber sheeting for the bed.

THE MEDICAL HISTORY OF SIR WALTER SCOTT.

BY PROFESSOR ROBERTS BARTHOLOW, M. D., LL. D., PHILADELPHIA.

To vary a little the medical monotony of the dog days, I took up one day Lockhart's Life of Sir Walter Scott. Besides being among the first of great biographical works, the life of Scott

must have perennial interest for the physician because of the remarkable incidents in the medical history of its subject. As Lockhart, the biographer, was Scott's son-in-law, he

had the best opportunity for ascertaining the real facts, and he possessed in considerable degree that narrative skill which Boswell exhibited in such supreme measure in his *Life of Johnson*.

Sir Walter Scott, when fully grown and developed into manhood, was physically an admirable specimen of the border Scotsman—with one exception: he was lame in the right leg. There can be little doubt that this lameness was due to the infantile form of “poliomyelitis anterior,” or as it is commonly called, “infantile paralysis.” It is a curious circumstance that the two great English poets of the first part of this century should both have been lame, and from the same cause. When Scott and Byron met in London at the house of Murray, the publisher, the conversation between them concerned, we may suppose, every topic other than their mutual lameness, since we have no record of any humorous or serious allusion to their respective physical limitations. Byron guarded his secret with an exquisitely sensitive apprehension of exposure, and permitted no reference to it even by his most intimate friends, and was quick to resent even a look of inquiry directed toward his deformity. During Byron’s life, therefore, nothing could be ascertained of the nature of his lameness. It is narrated, however, that in a few hours after his death an inquisitive friend stole into the room where the poet’s body lay, and, quickly removing the covering, saw that the deformity consisted in a shriveling of both legs. “The body of Apollo and the legs of a Satyr.”

Scott was never reticent about his lameness and in an interesting autobiographical fragment gave the clinical history of his ailment. He says: “I showed every sign of health

and strength until I was about eighteen months old. . . . In the morning I was discovered to be affected with the fever that often accompanies the cutting of large teeth. It held me three days. On the fourth, when they went to bathe me as usual, they discovered that I had lost the power of my right leg. . . . There appeared to be no dislocation or sprain; blisters and other topical remedies were applied in vain. When the effects of regular physicians had been exhausted without the slightest success, my anxious parents, during the course of many years, eagerly grasped at every prospect of cure which was held out by the empirics, or ancient ladies or gentlemen, who conceived themselves entitled to recommend various remedies, many of which were sufficiently singular.” When he was four years old, he was sent to Bath, where he lived a year and “went through all the usual discipline of the pump room and baths, but he believed without the least advantage to his lameness.” He was also treated by the celebrated electrical quack, Dr. Graham, who made a great parade of electric appliances, but he was not benefitted in the least by the magnetic touch of the splendid quack, or by the electric current. Remak had not then appeared with galvanism, nor had Duchenne developed the new faradism. Indeed, nothing was then known of the methods now employed in the way of massage, movements, local electrization, etc., and still less of the pathological condition: the atrophy and degeneration of the multipolar cells of the anterior cornua of the spinal cord, and their connected fibres, the neurons. Of course, nothing was then known of the reactions of degeneration, the loss of faradaic excitability, the retention of the galvanic reaction, and the ulti-

mate extinction of response to all electrical excitation. Notwithstanding the poverty of their therapeutical resources, one measure was resorted to that we may well imitate.

Scott's grandfather was Dr. Rutherford, professor of medicine in the University of Edinburgh, and by his advice, besides going into the country to rough it, efforts were made to call into action the affected muscles by the will. This method consisted in placing bright objects, or things that the boy especially desired, in such a position that he could get them only by the most powerful efforts in which the affected members participated. By the persistent use of this plan of "natural exertion" there ensued a great gain in the power of the will over the muscles, and they increased in size and in the range of their actions until the limb ultimately became quite useful, although always lame. This method of dominating the paralyzed and wasted muscles by the forcible action of the will is only possible in those cases in which a little voluntary control was still preserved. Some response to the will may be present, when the faradaic or interrupted galvanic currents have no longer any power to excite muscular contractions. That this was the case with Scott is shown by the results of the method of "natural exertion." As he writes in his autobiography: "My frame gradually became hardened with my constitution, and, being both tall and muscular, I was rather disfigured than disabled by my lameness. This personal disadvantage did not prevent me from taking much exercise on horseback and making long journeys on foot, in the course of which I often walked from twenty to thirty miles a day."

As his father's apprentice, Scott was introduced to the law, and "he

put on the gown in June, 1792." He was early drawn off from the law into imaginative literature, when he produced those celebrated works on which his fame now rests. Although his authorship of the poems was never concealed, the great novels in which he attained the highest reach of his powers were published with a careful attempt to keep their creator's identity from the public, and with such success was this secrecy consummated that their author was called "the Great Unknown." In Edinburgh, however, the real facts were known to a great many, and throughout England were suspected by multitudes. He was the most interesting figure in the social life of the time. He was an eminently handsome man, friendly and accessible. The king was his intimate personal friend, and the humblest peasant was sure of a kind reception. During his youth and early manhood, and while he was a student (apprenticed to the law) there was much dissipation among his associates, and in the society of Edinburgh generally. He says in his autobiography: "Convivial habits were then indulged among the young men of Edinburgh . . . to an extent now happily unknown" (vol. i, p. 118). As his reputation grew with the appearance of his poems and other great works, Scott became more and more in demand in the social life of his native city. He quickly rose into the position of the most eminent literary character of his time, and he possessed in the highest degree all social gifts and graces. It can not surprise us, therefore, that he became the most important personage in all social functions—at every dinner, at every champagne supper. When he was in London on several occasions, King George IV, then Prince Regent, "got up snug little dinners that will suit him;" at which the toasts were

frequent and in bumpers; the fun ran high; the enthusiasm was tremendous (vol iii, p. 249). Although never intoxicated and an indefatigable worker, and for many years after childhood free from any illnesses, he could hardly fail to experience the usual results of wine-drinking, drinking of Scotch whisky, and improper feeding in all directions. When he approached middle life these indulgences bore their legitimate fruit. To quote his biographer: "For the first time since his childhood years Scott was visited with a painful illness; all nearly of the same kind continued at short intervals during more than two years." The first serious alarm occurred toward the close of a "merry dinner party" in Castle street (on the 5th of March, 1816), when he suddenly "sustained such exquisite torture from cramp in the stomach" (vol. iv, p. 37).

From the first attack, as given above, Scott had numerous ones during successive years. They were all characterized by similar symptoms: exquisite pain in the epigastrium, nausea and vomiting, jaundice, constipation, followed by soreness through the abdomen and back. Frequent references are contained in his letters to his more intimate friends during these years to attacks coming on usually after indulgence at the table, or during digestion, at periods varying somewhat from the beginning to the end of the process. Although hepatic calculi are not mentioned, and the attacks are always described as "cramp in the stomach" or colic, there can be no doubt these seizures were due to the passage of gallstones. The paroxysmal character of the attacks, the severe pain coming on suddenly, the nausea and vomiting, the rather sudden cessation of pain, the appearance of jaundice, and the considerable sore-

ness and tenderness remaining afterward, make the diagnosis in a high degree probable. We hear of no attempts made to ascertain by a suitable examination of the stools the real cause. Nowadays, the physician would be singularly remiss who neglected to do this. To be successful the examination should be painstaking. The stools should be carefully stirred up in water, and every solid particle arrested for examination. A sieve sufficiently fine to stop any formation should be made use of; any solid obtained should be examined to determine whether a calculus or not. Mistakes are frequently made even now, and intestinal concretions, seeds, and olive-shaped fatty bodies are supposed to be calculi by those ignorant of their true shape and composition. In such a case as Scott, with numerous attacks, the calculi were no doubt of considerable size, angular, with smooth surfaces or facets, and composed for the most part of a nucleus of inspissated bile, surrounded by crystallized cholesterol. The occurrence of these attacks at some time during the process of digestion may be explained by attendant phenomena.

No doubt calculi are carried down into the cystic or common duct when the downrush of bile takes place on the entry of foods from the stomach into the duodenum. This is a reflex act, in part due to the acid reaction of the stomach contents, and in part to the distention of the bowel by the foods. As the attacks were numerous, the pain exquisite, and the after jaundice and soreness considerable, we may suppose that there were various calculi present, that they formed smooth facets and angles, by mutual pressure, so that, when they began their downward journey from the gall bladder to the intestine, the bile was intercepted, the mucous

membrane bruised, and the duct walls so injured as to excite local inflammation extending to the peritoneal investment. We note here a circumstance common to cases of this kind. The first attacks were most severe, and when they followed each other quite soon, the succeeding ones were milder, for the passage of the first calculus more or less stretched the duct, thus permitting the remaining bodies to pass down more readily and easily. In a letter to a close friend, Scott describes the results of a seizure. "They have been, to say the least, damnable; and I think you would hardly know me. When I crawl out on Sibyl Gray, I am the very image of Death on the pale horse, lantern-jawed, decayed in flesh, stooping as if I meant to eat the pony's ears, and unable to go above a foot pace." His biographer, in the fourth volume (p. 187), describes Scott's appearance and condition after a succession of attacks: "He had lost a great amount of flesh—his clothes hung loose about him—his countenance was meagre and haggard, and of the deadliest yellow of the jaundice, and his hair, which a few weeks before had been but slightly sprinkled with gray, was now almost literally snow-white." We have another account from a celebrated writer (Carlyle), who in a review of the *Life* by Lockhart, alludes to the remarkable change in his appearance which he himself observed when seeing Scott on the streets of Edinburgh. But Carlyle, while admitting Scott's pre-eminence as a literary character, refused to admit him to the class of really great men, in which, no doubt, may be recognized a spice of envy and uncharitableness. His observation on the physical traits must, however, be entirely reliable.

Something in respect of loss of

flesh and strength may be attributed to the violent treatment to which he was subjected by his medical attendants. Those were the days of the antiphlogistic remedies and regimen. Writing to Southey, Scott says, on one occasion (vol. iv, p. 174): "I have been seized with one or two successive crises of my malady, lasting in the utmost anguish from eight to ten hours. If I had not the strength of a team of horses, I could never have fought through it and through the heavy fire of medical artillery, scarcely less exhausting—for bleeding, blistering, calomel, and ipecacuanha have gone on without intermission—while during the agony of spasms, laudanum became necessary in the most liberal doses." To the reducing effect of these remedies was added the anti-phlogistic regimen—a diet of tea and toast.

Besides the enormous labor and the protracted sedentary life required to produce the immense result of his literary activity—the poems, the histories, essays and novels—Scott in the midst of his unrivaled success began to experience some serious worry. Engaging in the publishing business with the Ballantines, and with Constable, who after a time failed most disastrously, and building the memorable pile of Abbotsford, he became seriously embarrassed notwithstanding that he was in receipt of enormous sums from his writings. He redoubled his exertions to retrieve his fortunes, and overwork was added to worry. He lost his wife when all of these pecuniary disasters were falling on him. His ambition to establish himself as a landed gentleman and "to found a family" seemed now to be impossible of fulfillment.

It is not often that work merely is a cause of disease; worry is a far more influential factor, and if we

add worry to work, and to these free indulgence in the pleasures of the table and in drinking beer and wine and stronger liquors, we have the usual causes of the threatened or actual breakdown which so often happens to men at the middle period of life. When about fifty years of age, Scott began to suffer the muscular pains and joint changes of rheumatism. *Pari passu* we may suppose changes went on in the organs of circulation; the arterial tunics became the seat of atheroma, and the tension of the vascular system rose correspondingly.

In his letters we find frequent references to "R.," which stands for rheumatism, and "R. R. for rheumatism redoubled," or for attacks increasingly severe, so that his hands were so disabled as to make his writing obscure and almost illegible. Attacks of rheumatism of the subacute and chronic type often precede serious cerebral mischief, coincident with more active alterations in the arteries and capillaries of the brain, and in the heart. No doubt the element of worry entered into the production of these results. Worry inhibits the cerebral functions, lessens oxidation generally and in the brain especially, and it favors the retention and deposit of waste products. Carlyle, as before mentioned, was greatly impressed with the changes wrought in his countenance by the terrible ordeal through which he was then passing. Instead of the round face, the brilliant eye, and the interesting expression of his "fine Scotch face," it was deeply lined, anxious, and wasted.

A considerable change in Scott's habits took place during the period of his calamity, and was a necessary consequence of the fallen state of his fortunes. As his literary labor had always proved so lucrative, he hoped,

by devoting his whole time to his writing, to roll away the mountain of debt that had accumulated. To accomplish this object which lay so near his heart, he began to work double tides and labored unceasingly. His biographer says (vol. vii, p. 10): "Formerly, however great the quantity of work he put through his hands, his evenings were almost always reserved for the light reading of an elbow chair, or for the enjoyment of his family and friends. Now he seemed to grudge every minute that was not spent at his desk. The little that he read of new books . . . was done by snatches in the course of his meals."

As Lockhart well says, "Sir Walter was now to pay the penalty of his unparalleled toils," carried on as they were under the most imprudent, most exacting method of working. For some time he had experienced at irregular intervals attacks of headache and "nervous irritability" which alarmed him much. In letters to his publishers, he had several times alluded to his work as "smelling of apoplexy." Also he had other warnings of his impending fate, "harbingers," Lockhart called them. There was the more reason to be apprehensive in that heredity was well defined; both his father and elder brother having died of apoplexy.

The first distinct attack occurred in February, 1830, when he was fifty-nine years of age. He fell upon the floor, was unconscious, and speechless for ten minutes. The practice then pursued was quite effective; he was bled, cupped, and "tasted nothing but pulse and water for some weeks." Under this severe regimen he apparently recovered—so nearly so that when he appeared abroad again, people generally saw no change, and he resumed work as usual. But a change had taken place: he was

never again the same man, and the work he did bore evidence of failing powers. In commenting on this attack in his diary, he wrote as follows: "I was frightened by a species of fit I had in February which took from me my powers of speaking. . It looked woundy like palsy or apoplexy."

In explanation of this seizure, we may suppose that in consequence of chronic endarteritis, a capillary hemorrhage ensued, or a sudden thrombus formed in a small vessel, blocking it, and was followed by collateral hyperaemia and oedema. The method then employed to relieve was in the highest sense antiphlogistic, and certainly no plan of treatment could have been more effective for the time being. Although the therapeutical diagnosis was based on the notions then prevalent, and would not be held now as worthy of consideration, in the light of modern pathology, the treatment is amply justified. To lessen the fullness and diminish the tension of the vascular system were clearly indicated at the onset of the cerebral mischief. Other attacks of a similar character occurred. The second seizure came on nine months after the first, and a third one year after the first; the fourth and final one, the immediate forerunner of his death, happened on the way home from his journey abroad. His mind failed progressively from the first in harmony with the decline in his bodily powers. All these were treated on a uniform plan. As soon as the symptoms of an attack came on he was bled freely, cups were applied, and his diet reduced to bread and water, or little more. Although this plan of medication was justified by the success achieved in the first instance, yet with the progress of the case, the more frequent attacks, and the

rapid decline in bodily strength, the lowering measures were carried too far. As there was found after death a considerable patch of softening in the left corpus striatum, the very severe antiphlogistic measures carried out whenever a seizure was threatened or had occurred could only contribute to the extension of the pathological changes. It is stated in the autopsy that there was no alteration of the vessels, but the state of knowledge in those days was, as compared with now, primitive. Then nothing was known of cerebral localization, as now understood, and little of the minute anatomy of the brain. No doubt, if the vessels had been examined by the microscopical methods now employed, more or less advanced atheroma, especially of the vessels in the neighborhood of the softened tissues, would have been found. In cases of this kind, with rigid arteries at the wrist and temples, there is associated chronic endarteritis of the brain in those arteries most taxed in function, as the basilar, middle cerebral, etc.; but often the whole arterial distribution is more or less damaged with atheroma.

There was fluid in the ventricles and in the subarachnoid spaces—in other words, the brain was in the condition now known in the post-mortem room as the "wet brain." The report of the autopsy further states that there were three small "hydatid cysts" in the left choroid plexus. There is no reason to suppose that these cysts were true hydatids, for there was no evidence of the presence of either echinococci or cysticerci. The right-sided paralysis was explained by the patch of softening in the left corpus striatum, but the language faculty was no more impaired than was the general intelligence. At no time did Scott

have aphasia, for he was able to speak many words distinctly up to the last moments of his life. The softening did not encroach upon the paths of continuation of the motor neurons, coming down from the third left frontal convolution.

It is interesting to compare the therapeutical management of Scott's case with that which would now be considered as most appropriate. Assuming the existence of changes in the vessels of the brain, more especially the capillaries, with thrombi or emboli, extravasation of blood, and collateral hyperaemia and oedema, what measures of relief are indicated from the standpoint of existing knowledge? Bleeding is clearly useful when a hemorrhage is threatened, or, having begun in a small way, is proceeding with increasing momentum, or when the collateral hyperaemia is augmenting, but only mischief is produced by repeated bleeding. When a large vessel has given way and the blood has broken through into the lateral ventricle no abstraction of blood can be of any service. When, as so often happens, capillary thromboses have formed, the question is, can the permeability of the obstructed vessels be restored? There are two agencies which may be resorted to: alkalies to increase the power of the blood to dissolve fibrin, and cod-liver oil and the hypophosphites to improve the nutrition of nervous matter. The alkalies most useful under these circumstances are ammonia and the salts of sodium, notably the iodide. Our French colleagues have taught us the great value of sodium iodide persistently administered as a remedy for atheroma of the vessels, and for the abnormally high tension due to this state, as well as for the cardiac changes arising under the same conditions.

As in its ultimate constitution nervous matter is a phosphorized fat, to make use of the hypophosphites in conjunction with cod-liver oil is an eminently rational procedure. Here experience is in harmony with theory, but all active irritation must have subsided before they can properly be used. The same fact is true of strychnine, which is so much used to bring about the functional regeneration of the nerve structures. The time for its administration is when all local hyperaemia has ceased and when the damaged structures have been repaired to the fullest extent they are capable of.

In further illustration of the remarkable changes that have taken place in pathology and therapeutics, it should be noted that nowhere is any reference made to the state of the renal functions. As the utmost candor in its revelations is characteristic of Lockhart's biography, it is not probable that any facts of this kind were withheld. The hepatic disturbances lasting over several years, and rheumatism, with its joint and circulatory changes, coming on subsequently, were circumstances extremely likely to bring about alterations in the renal structures. Chronic interstitial nephritis, with the presence of albumin and casts, would now be expected to play a part in the morbid developments of the case. It is probable that the melancholy decline in Scott's intellectual powers was in part due to defective renal action—to the complex of symptoms and structural alterations of uraemia. — The New York Medical Journal.

Drs. W. W. Hitchcock and Chas. F. Taggart have gone on a hunting trip through British Columbia and Alaska.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

DEPARTMENT OF TUBERCULOSIS, CONDUCTED BY S. M. POTTENGER, M. D., LOS ANGELES.

ADMINISTRATIVE CONTROL OF TUBERCULOSIS.—Collins H. Johnston, Grand Rapids, Mich. Regarding the prevalence of the disease, the results of the investigations of Otto Naegeli, Zurich, in 300 autopsies show that: (1) Tuberculosis during the first year of life is very seldom. (2) From the first to the fifth year it is infrequent, but almost regularly fatal. (3) From the fifth to the fourteenth year one-third of all bodies are found to be tubercular. (4) From the fourteenth to the eighteenth year tubercular lesions, active or latent, are found in one-half of all autopsies. (5) From the eighteenth to the thirtieth year 97 per cent. of all bodies show tubercular changes. (6) After the thirtieth year, on careful search, indisputable evidence of tuberculosis is found in 99 per cent. of all autopsies. This interesting investigation of Noegeli's shows moreover that a large percentage of cases recover, and his conclusions on this point are as follows: (1) Before the eighteenth year recovery from tubercular lesions is infrequent. (2) In the third decade one-fourth of all cases show tubercular changes that have completely healed. (3) In the fourth decade two-fifths of all cases show lesions in which recovery has taken place, and from then on the number of healed cases gradually increases until it reaches three-fourths of all cases at the age of 70 years. One form of tuberculosis in infants, *tabes mesenterica*, having increased in the State of Michigan during the past twenty-six years to 80 per cent., leads to an inquiry as to the cause of this

very frequent gastro-intestinal involvement, and the writer concludes that cow's milk is to a great extent responsible, especially as it constitutes the infant's nourishment in the vast majority of cases. An investigation made in Massachusetts with tuberculin upon 4095 cows showed that 1081 reacted positively, and these latter being killed anatomical evidence of tuberculosis were found in all but two. It is estimated as the result of slaughter-house examinations that 25 per cent. of dairy cattle have tuberculosis, but this percentage is higher when the tuberculin test is made. Tubercle bacilli are generally present in the milk when tuberculosis of the udder exists, but in such a bulky organ the tubercular lesion may frequently be impossible of demonstration. Obermueller found 10 per cent. of guinea-pigs inoculated with ordinary market milk became tubercular, and 30 per cent. when inoculated with ordinary market cream. The writer recommends rigid inspection by the State of all dairies, and the exclusion from the herd not only of those cows suffering from disease of the udder, but as the tubercle bacilli have so frequently been found in the milk of cows free from disease of the udder, the exclusion of those reacting positively to the tuberculin test. The sanitary department of states should also insist upon compulsory notification of every case of tuberculosis in any form within its borders, should disinfect the rooms occupied by tubercular patients, and should isolate tubercular inmates of prisons, poorhouses, asylums, etc., and

finally should provide and support special hospitals for phthisical individuals.—*St. Louis Medical Review.*

TREATMENT OF PULMONARY HEMORRHAGE.—The treatment of pulmonary hemorrhage according to Robinson (*Indian Medical Record*) may be summarized as follows: (1) Relieve the patient's anxiety, unloosen or remove clothing, and place him in a semi-recumbent position. (2) Injection of 1-4 or 1-3 gr. of morphine with 1-120 to 1-60 of atropin. (3) A teaspoonful of common salt dry on the tongue, or 20 to 60 minims of aromatic sulphuric acid in a small quantity of water may also be given. (4) Order an ice-bag on the chest. (5) If the above fails to check hemorrhage within a short time, cord the extremities, not too tight, but sufficiently to prevent return of venous blood. (6) Under no circumstances give ergot, alum, gallic and tannic acids, or any other local astringents. These have no special effect on the lungs and irritate the stomach and cause constipation. (7) Insist on absolute mental and physical rest with scanty, nutritious and chiefly a fruit diet, and relieve constipation either by Epsom salts or by enemata. (8) As a prophylaxis against further hemorrhage, have the patient consume large amounts of gelatine prepared in various forms. (9) Mild collapse can be left alone. In severe collapse administer camphor hypodermically and nitroglycerine; also strychnine, not digitalis. Apply hot water bottles to the lower extremities. (10) It sometimes becomes necessary to resort to the enteroclysis of large amounts of saline solution, or to give the latter subcutaneously or intravenously.—*The Charlotte Medical Journal.*

"AGAINST CONSUMPTION."—The Charity Organization Society of New York has appointed a com-

mittee on the Prevention of Tuberculosis consisting of twelve representative physicians and fifteen others who are especially interested in the social aspect of this case.

Aside from the investigation above-described in the social aspects of tuberculosis, the objects of the committee have been formulated in part as follows:

1. The promulgation of the doctrine that tuberculosis is a communicable, preventable and curable disease.
2. The dissemination of knowledge concerning the means and methods to be adopted for the prevention of tuberculosis.
3. The advancement of movements to provide special hospital, sanatorium, and dispensary facilities for consumptive adults and scrofulous and tuberculous children among the poor.
4. The initiation and encouragement of measures which tend to prevent the development of scrofulous and other forms of tuberculous diseases.

TUBERCULOSIS OF THE LARYNX. Danger and Disappointment in Operation.

Dr. Lambert Lack reported a case before the Laryngological Society of London on April 11, 1902, which is of more than ordinary interest. The description of the case as given in the *July Laryngoscope* was as follows: "The patient, a robust man 66 years old, an old soldier, who apart from wounds, had never had a day's illness, presented himself in April, 1901, for treatment of hoarseness of three months' duration which showed a tendency to increase. On examination an ulcer with raised edges and some surrounding thickening was seen occupying the center of the right vocal cord, the movements of which were considerably impaired. The rest of the larynx was of normal

color and contour. The patient had some cough and expectoration, which he stated was not unusual to him during the winter. Examination of the chest showed signs of bronchitis. The opulum was examined for bacilli with negative result; the patient was otherwise in good health, and no enlarged glands could be felt. The diagnosis pointed so strongly to epithelioma, and the case was so eminently suitable for operation, that thyrotomy was advised and immediately carried out. The entire right vocal cord was removed in the usual way, and the patient's recovery was uninterrupted.

The growth microscopically looked like an epithelioma but Dr. Home, after microscopical examination, reported it as tubercle.

The patient made good progress until the commencement of August of same year, when enlarged glands were noticed in the neck. In September there was a hard lump under the upper part of the right sternomastoid about the size of a walnut, and rather fixed. The mass of gland were removed entire, and showed signs of breaking down, looking very much like suppurating tubercular glands, which was confirmed by microscopical examination.

In the discussion of this case Dr. Home gave it as his opinion, that the microscopical examination of the cord showed the process to be chronic, quiescent and apparently arrested. He believed that the infection of the gland was due to the disturbance of the tuberculous process in the larynx. In this the operator did not agree.

This case brings to mind the fact that tuberculous processes in the larynx, when operated upon, are usually disappointing in the results obtained. Freudenthal, in a paper recently published, stated that he had ceased operating on these cases and was ob-

taining as good results as he formerly did. The greatest difficulty in operation on tubercular processes, and this applies especially to the larynx, is being unable to tell when all the tubercular tissue is removed. Unless this be done, the condition is worse than before; for the vessels and lymph channel are opened and the bacilli are carried into new tissue which soon becomes affected. Thus many a brilliant operation has come to grief and the patient's life been shortened; when, with less radical means a more satisfactory result could have been obtained. In the case referred to, of course, the parts were removed wide of the diseased process; but it would seem that the traumatism stood in causative relation to the glandular affection which followed. Perhaps the irritation of the gland owing to the operation stirred up a focus which was quiescent.

THE GENERAL MANAGEMENT & Constitutional Treatment of Tuberculosis of Bones and Joints—Special Reference to the Use of Tents.

Under the above heading appears a most interesting article in the *Therapeutic Gazette* for July, 1902, by H. P. H. Galloway, M. D. The author deplors the fact that so little attention has been paid to the treatment of these affections, aside from surgical and mechanical measures. In the fourteen volumes of the *Transactions of the American Orthopedic Association*, not one paper has been devoted to this subject heretofore.

It is strange that so important a phase of the subject should be so sadly neglected. No matter what the line of treatment used in any tubercular case, much depends on the general management. Food, rest, exercise, fresh air, sunshine and baths are

remedies that can not be duplicated by anything we have in the pharmacopoea.

The author believes drugs should occupy a very unimportant place. Such tonics as iron and arsenic may be of service, yet most patients are as well off without them. Good, sweet cream is better than codliver oil. Milk, cream and butter of good quality should enter largely into the dietary along with oatmeal porridge, whole wheat bread and beef. He does not believe in indiscriminate forced feeding, but takes a view which seems most sensible: "In general, the diet should be simple and nutritious, and it is especially necessary to adapt the patient's food supply to his digestive process and eliminating capacity. The wisdom of blindly encouraging every tubercular patient to swallow large quantities of highly nutritious food without carefully considering his ability to assimilate them may well be doubted."

The best means for fortifying the constitution and increasing the resisting power are fresh air and sunshine, and the more nearly the patient can be brought to live an out-door life the better. Sanatorium methods are as necessary in treating bone and joint tuberculosis as that of the pulmonary form; in fact, they are almost indispensable. Ordinary hospitals are unsuitable and special hospitals are not to be found; so the medical profession should do all in its power to call the attention of governments and philanthropists to this crying need. One great value of sanatoria for these patients is that while there, they learn valuable lessons which help in preventing relapses.

The author has noticed that relapses from Pott's and hip-joint disease most apt to occur in the latter part of winter after the patients have

been shut up in close, ill-ventilated rooms for the winter. To avoid this the author recommends that these patients be kept in tents. He then details his observations on the use of tents at the Toronto Orthopedic Hospital for the past fifteen months.

There is usually an immediate improvement which is noticeable in an increased appetite which takes place within the first twenty-four hours. This is noticeable in the case of the nurses as well as the patients.

The color and expression of the face improves within one or two days. The patients almost immediately begin to put on flesh, while mental depression vanishes and a buoyant, happy, hopeful feeling takes place.

The local improvement is much slower than the general and seems to depend upon it. The conclusion is irresistible that patients have done much better than they could have done under ordinary conditions.

The author, while very enthusiastic over fresh air, good food and proper general management, does not allow this to blind him, but says that in all cases the proper surgical and mechanical measures should be carried out.

"In conclusion, let me say that when an individual with tubercular disease of hip, spine, knee, ankle, etc., presents himself for advice, the surgeon's first duty is to realize that he is being consulted by a patient who has tuberculosis; and just in proportion to the clearness with which this idea is defined in his own mind will the surgeon be able to take a comprehensive grasp of the present and future needs of his patient. Pains-taking efforts to teach the patient, or in case of a child those responsible for him, as much as they are capable of understanding about the nature of this disease will be well rewarded.

The patient's hearty co-operation, which is indispensable, is likely to be secured only in proportion as the surgeon succeeds in making him grasp what tuberculosis means and what its existence in his system implies."

WHY IS THE APEX PRONE TO INFECTION?

Schmorl: "Contribution to the Question of the Beginning of Pulmonary Tuberculosis," (Muench. med. Wochenschrift, 1901, No. 50.)

Freund: "Pulmonary Phthisis and Emphysema," (Therapeutic Monatshefte, 1902, I.)

These two works appearing at the same time direct our attention to certain conditions, the clearing up of which will greatly widen our knowledge of "disposition to tuberculosis" and "phthisical habitus."

Schmorl found in examining tuberculous lungs that there was often a furrow present one to two centimeters below the highest point on the apex, running from above and behind, forward and downward. This furrow is caused by the first rib projecting abnormally far into the chest cavity, and, in a certain measure, by a lack of development of the first rib with a decided flattening of the chest wall. In children, especially newly born, this furrow is often found; in adults only seldom and then mostly in connection with tuberculous processes in the neighborhood of a bronchus, which, owing to the mechanical hindrance, shows departures from its natural course. It is evident that such conditions favor infection by causing disturbances of circulation and ventilation.

In children, the occurrence of infection is perhaps hindered by the great elasticity of the ribs and perhaps also by a different arrangement of the bronchi from what obtains in adults.

According to Freund, who reiterates

his observations made upon the first costal cartilage some time ago, the first costal cartilage is twisted at each inspiration, and the turning is the greater the shorter the cartilage. Resulting from this is a perichondritis with the formation of thick bands; and later, ankylosis, which causes a lessening and immobility of the upper aperture of the chest. As a further consequence there is insufficient ventilation and a disturbed circulation of the apices, and finally a tubercular infection. Sometimes compensation occurs by the formation of a joint between the manubrium and body of the sternum, or through the spontaneous fracturing of the costal cartilage with the formation of a pseudo articulation. After this, breathing becomes freer and healing of the tuberculosis may follow.

Freund took observations on this condition in 250 sections and among 96 carefully examined corpses found apical tuberculosis associated together with a decided shortening of the first costal cartilage 30 times, and a pseudo articulation of the costal cartilage associated with healed tuberculosis 18 times. He found progressive tuberculosis in spite of the formation of this pseudo articulation only once; shortening of the costal cartilage without tuberculosis only five times, and tuberculosis without shortening of the costal cartilage only eight times.

The diagnosis of shortening of the costal cartilage can be made during life by the use of the X-rays.

Freund suggests that this faulty development might be remedied through operative interference. Cutting through the ossified cartilage would bring about conditions similar to the pseudo articulations which nature sometimes produces in order to bring about healing. The operation would be not only useful in cases of begin-

ning tuberculosis, but also in cases where there is a disposition thereto. (Tuberculosis, Vol. I, No. 2.)

These contributions are very valuable and help to clear up some of the points which have long puzzled those who have attempted to account for the apex being so prone to infection.

Aufrecht (Berlin clin. Wochenschrift Oct. 21 and 25, 1901,) says that the apices are attacked because the blood supply is poor, owing to the fact that the respiratory act does not co-operate in propelling the blood through the vessels as it does in other parts of the lung. They are also subjected to distentions owing to coughing, running, etc. This also occurs in certain occupations and trades, as glass-blowers and players-of-wind-instruments. The forced breathing in dancing, running, mountain-climbing, bicycling, etc., causes the auxiliary muscles of respiration (scalenus and sterno-cleido-mastoid) to act contrary to that of the diaphragm and intercostal muscles, causing a distention of the apical tissues, as well as the vessels of the latter. These conditions being present, they cause the resistance of the apices to be less than that of the rest of the lung, and when bacilli appear in the blood, they are prone to settle there.

Ribbert (Deutsche med. Wochenschrift, April 24, 1902,) believes that defective ventilation and a poor blood supply dependent upon premature ossification of the first costal cartilage have much to do with infection.

The experiments of Baumgarten (Wien. med. Wochenschrift, Nov. 2, 1901,) have disproven the theory that the proneness of the apex to infection was a proof of the direct inhalation of the bacillus; for he obtained the same apical infection by the way of the blood stream. Having injected the bacilli into the bladder, urethra and chamber of the eye, he found that

the apex became infected the same as though the bacilli had been breathed in through the air passages. This he accounts for by saying that the bacilli were taken into the blood stream, and, owing to defective circulation in the apices, were strained out by the primary capillaries.

The work done by these experimenters is adding much to our knowledge of tuberculosis. That the apex is the common seat of tuberculosis we have long known, and we gladly welcome the explanations of these men as to why it is so.

THE RELATION OF THE FORM OF THE TUBERCLE BACILLUS TO THE CLINICAL ASPECTS OF PULMONARY TUBERCULOSIS.—Henry Sewall, Ph.D., M.D. (Denver Med. Times.) Observations carried on for more than ten years lead the author to the following conclusions:

The form and staining characters of tubercle bacilli, as found in the sputa of consumptive persons, are valuable aids in determining the degree of virulence of the bacilli and the intensity of the tubercular process.

Short, deeply staining rods with square cut ends are indicative of rapid progress of the disease. In chronic cases during temporary relapses the short rods tend to have rounded ends.

Bacilli in the form of chains of short rods also prevail in active cases of the disease. Probably of somewhat less deadly significance than the preceding are the rather thick, well-staining homogeneous rods of moderate length.

The long, slender rods, particularly when irregularly broken, betoken a milder disease process.

The chains of spore-like beads characterize those very chronic cases, of low disease-virulence, which often make us wonder at their tenacious hold on life.

If there be a good form of the tu-

bercle bacillus it is a rather long, slender rod, ill staining or staining irregularly, as if the body of the mi-

crobe were unevenly corroded on the sides. It is found in cases apparently passing on to cure.

MISCELLANEOUS DEPARTMENT.

MARAT — REVOLUTIONIST AND PHYSICIAN.—Jean Paul Marat, the French revolutionist, has posed in history all these years as a doctor of medicine. Charlotte Corday, who stuck him under the fifth rib, has always posed as a heroine, and was apostrophised by Lamartine as the "angel of assassination;" but Lombroso, who has studied her alleged skull (for it is undoubtedly spurious), has tried to make her out a "degenerate." Now an attempt has recently been made to rehabilitate Marat, and to rescue his memory from the obloquy which history has flung upon it.

The life of the "People's Friend" has just been written by Ernest Bel-fort Bax. The author is an avowed socialist and an avowed apologist for Marat. His book chiefly interests us here as an attempt to vindicate Marat's claims to be a regularly graduated physician. About this question there has always been uncertainty. Carlyle, in his history of the French Revolution, calls Marat a "dog-leech" and a "horse-leech." The tendency has been to discredit his status as a physician.

Long before the Revolution it is certain that Marat had practised medicine both in London and in Paris. He early became an author of a certain kind of medical brochures, which were intended to exploit electricity, light, and fire. In fact, physics rather than physis seemed to attract him, and he apparently wrote superficially on these themes with the aims of a charlatan rather than a true scientist. His books had no reputation among real men of science, and the French Acad-

emy would have nothing to do with him or with them. He enjoyed the unenviable distinction of having been ridiculed by Voltaire.

Marat was of Italian lineage; his true name was Mara, not Marat. He early displayed the savage and vindictive temper which afterwards made him the special exponent of the infamy of the French Revolution. On one occasion he drew a sword and rushed upon a public speaker who was criticising some of his scientific opinions. His writings abound with denunciations of his imaginary persecutors; in fact, he seems to have had, long before the Revolution, a veritable persecutory mania. So strongly marked was this that it would be a good subject for some student to work up as a contribution to the current literature of "degeneration." All men who differed with him or criticised him were his enemies. The man was clearly a charlatan and a paranoiac.

The most disingenuous part of Mr. Bax's book is the part in which he reproduces what he called Marat's medical diploma from the Scotch University of St. Andrews. This diploma may be genuine, but Bax gives absolutely no proof of it. Where he obtained it, and where it has lain all these years, are questions that are neither raised nor answered. The diploma bears date 30 June, 1775. The obscurity which veils Marat's early life as a so-called practitioner of medicine, is but little relieved by the author of this book.

Marat seems to have been entirely devoid of constructive genius. He had a mania for pulling down—a

genius for denunciation. Everything in the shape of authority was the object of his rage. He was the worst of the French revolutionists and the first of modern anarchists. It is in this character of anarchist that he receives the laudation of Bax. The medical profession may well disclaim the miscreant who was responsible for the September massacres. If anything were needed to complete the damnation of Marat, it would be just such a book as Mr. Bax has written in his defence.—The Philadelphia Medical Journal.

CLIMATE OF TUCSON, ARIZONA.

By A. W. Olcott, M.D., Tucson, Arizona.—Tucson (latitude 32 degrees 14 minutes, elevation above the sea 2400 feet) is a city of 12,000 population, in Southern Arizona, and stands on the bank of an underground river, the Santa Cruz. Arizona is in the southern extremity of that great basin between the Rocky and Sierra Nevada Mountains that stretches from Canada into the State of Sonora, Mexico.

This basin, formerly called the Great American Desert, walled in by massive mountain chains on the east and west, is a constant succession of mountains, valleys and mesas (elevated plains). So frequent are the mountain chains that their tops may be taken for the level of the country, so far as the general air currents are concerned. From east to west through New Mexico, Arizona and parts of California and Texas, this basin extends and presents everywhere an arid waste, save where the valleys have been rendered fertile by man's efforts, and where mountains rise 5000 feet above the sea, they are covered with forests of pine and oak.

The study of the temperature of this region shows that the same

causes that render the Pacific Coast more equable and warmer than the Atlantic prevails, though to a less extent.

* * * * *

Oracle, at an elevation of 4500 feet above the sea, in the foothills of the Santa Catalina Mountains, thirty miles north of Tucson, has a delightful summer climate, and has two comfortable hotels for health-seekers. To those who enjoy camping, the beautiful pine-clad mountains all around us afford numberless camping-grounds of unsurpassed beauty and salubrity, here among the giant pines the summer days are cool and delightful, and the air is pure and bracing, and good hunting abounds.—Abstracted from St. Louis Courier of Medicine.

THE HUMAN PUMP.—The human heart is practically a force pump about six inches in length and four inches in diameter. It beats 70 times per minute, 4200 times per hour, 100,800 times per day, and 36,792,000 times per year, and 2,575,440,000—say two thousand five hundred and seventy-five million four hundred and forty thousand—times in 70 years, which is "man's appointed three score years and ten." At each of these beats it forces $2\frac{1}{2}$ ounces of blood through the system, 175 ounces per minute, 656½ pounds per hour, or 7.03 tons per day. All the blood in the body, which is about 30 pounds, passes through the heart every three minutes. This little organ pumps every day what is equal to lifting 122 tons one foot high or one ton 122 feet high—that is, one ton to the top of a 40-yard mill chimney, or sixteen persons seven score each to the same height. During the seventy years of a man's life this marvelous little pump, without a single moment's rest, night or day, discharges the

enormous quantity of 178,850 tons of blood.

CENTENARIANS.—The fact that more people relatively, over one hundred years old are found in mild climates than in the higher latitudes suggests the importance of us all providing a rendezvous for our later years in a country like Southern California or Florida, where we can live out doors the year round. The Medical Record quotes from the Indian Medical Record as follows: "According to the last census of the German empire, of a population of 55,000,000 only 78 have passed the hundredth year. France with a population of 40,000,000 has 213 centenarians. In England there are 46; in Ireland 578, and in Scotland 46. Sweden has 10, and Norway 23; Belgium 5; Denmark 2; Switzerland none. Spain with a population of 18,000,000 has 401 persons over one hundred years of age. Of the 2,250,000 inhabitants of Servia, 575 have passed the century mark. It is said that the oldest person living is Bruno Cotrim, born in Africa, and now living in Rio de Janeiro. He is 150 years old. A coachman in Moscow has lived 140 years." — *Love's Mirror*.

BUTTER AS A LAXATIVE.—Doerfler (M. Med. Wochenschr.) believes that many cases of chronic constipation in children are due to intestinal obstruction from too much food. To overcome this exceedingly disagreeable and annoying condition, with practically no resistance on the part of the patient, the author administers fresh butter, just as it comes from the dairy. The method is palatable, simple and effective; it increases the nutritive value of the food in a small compass. Some of the butter is assimilated and the balance is elimi-

nated, stimulating peristalsis at the same time. The appearance of the patient is speedily improved.

The butter is administered as follows:

During the first few months of life—a half to one teaspoonful daily until the bowels move normally, and then the same dose every other day.

During the third and fourth months—two to three teaspoonfuls daily, until relieved, then every second or third day.

From five months to a year—one to three tablespoonfuls every two or three days.

Over one year — give as circumstances may dictate.

FAHRENHEIT TO CENTIGRADE.—The following simple rule for converting Fahrenheit to Centigrade degrees is given by L'Industrie Electrique. Subtract 32 degrees and divide by 2; then add to this 1-10 of itself, and, if further accuracy is desired, 1-100 more. For instance, if it is required to find the number of Centigrade degrees corresponding to 72 degrees Fahrenheit, subtract 32 and divide by 2, giving 20; adding 1-10 more gives 22, and for greater accuracy, another 1-100 gives 22.2. The method is not as simple when applied to the reverse calculation, but possesses some interest.—Scientific American.

ACNE OINTMENT. R Ichthyol, 30 minims; salicylic acid, 30 grains; soft soap, 18 grains; lanum, to make 4 drachms. Apply at night and wash off in the morning with hot water. (Eichhoff.)

SIMPLE ACNE.—R Ichthyol; distilled water of each, 1 fluid ounce. Rub in before retiring. Wash off with soap and warm water in the morning. During the day use a

weak solution of mercuric chloride.
(Unna.)

The Rev. Dean Hole of Rochester, England, in his little book, "A Little Town in America," says that he picked up the following bit of poesy in Cincinnati:

Little Willie from his mirror
Sucked the mercury all off,
Thinking in his childish error,
It would cure his whooping-cough.
At the funeral Willie's mother
Smartly said to Mrs. Brown,
" 'Twas a chilly day for William
When the mercury went down."

—J. A. M. A.

A valued correspondent writes us that he has gathered from correspondents and newspaper clippings the following facts about gold-cure institutes. During the year 1896, twenty-two so-called Keeley gold-cures suspended and dissolved. Twenty-seven gold-cure homes, where specific treatment for alcohol and opium was given, have gone out of business. Five new companies have been formed to sell rights to use secret inebriate cures. Three ex-superintendents of gold-cure establishments have committed suicide. To this we would add that in three years we have made notes of the relapse of nineteen physicians who have been medical directors of gold-cure establishments. Ten of these persons came for treatment in regular asylums, where no specifics were used.—Quarterly Journal of Inebriety.

ALOPECIA.—The Monthly Cyclo-pedia of Medicine abstracts the following from an article by Balzer in La Sem. Med.: In alopecia one of the following formulae, after the suggestion made by Richema and M. Stoganovitch, has been found useful:

1. R Lactic acid, 4 fluidrachms; distilled water, 1 fluidounce. 2. R Lactic acid, 2½ fluidrachms; alcohol, (60 per cent.) 1 fluidounce. The application is made with absorbent cotton, by friction, until considerable redness is caused. After successive applications, if crusts form, borated vaselin is applied until normal condition is obtained, and then the lactic acid is resumed. This treatment should be continued until the desired growth of hair is obtained.—Med. Fortnightly.

ARISTOTLE ONCE AN APOTHECARY.—The Bulletin of Pharmacy for April says that, in a discussion on "aloes" before the Pennsylvania Pharmaceutical Association, Dr. A. W. Miller remarked that the first intimation of obtaining this drug, and supplying it originally to invalids, was due to the investigation of a former druggist. "Aristotle," he said, "at one period of his life, kept a drug store in Athens, before he became one of the most eminent philosophers of Grecian antiquity." After he had spent his patrimony in the pursuits of liberal studies, he opened a drug store in Athens; and subsequently, on account of the renown that had followed his labors, he became the tutor of Alexander. When Alexander found no further worlds to conquer, Aristotle suggested to him that he had not yet secured possession of Sumatra (Socotra?), the most precious isle of the ocean, and the one which produced the most valuable aloes."

We may add that the Ethics of Aristotle is better known than his connection with aloes; there are, however, in these days druggists, and doctors, too, for that matter, whose aloes is much better known than their ethics.

DENTISTRY A VERY ANCIENT PROFESSION.—Dr. Geist-Jacobi, of Frankfort, Germany, has written a history of dentistry, from 3700 B. C. to the present time. According to this, it is known that there were men practicing the profession of dentistry in Egypt at least 5000 years ago.—*Journal A. M. A.*

FATE OF THE APOSTLES.—The following brief history of the fate of the Apostles may be new to those whose reading has not been evangelical:

St. Matthew is supposed to have suffered martyrdom or was slain with the sword at the city of Ethiopia.

St. Mark was dragged through the streets of Alexandria, in Egypt, till he expired.

St. Luke was hanged upon an olive tree in Greece.

St. John was put in a caldron of boiling oil at Rome and escaped death. He afterwards died a natural death at Ephesus in Asia.

St. James the Great was beheaded at Jerusalem.

St. James the Less was thrown from a pinnacle or wing of the temple and then beaten to death with a fuller's club.

St. Philip was hanged up against a pillar at Hieropolis, a city of Phrygia.

St. Bartholomew was flayed alive by the command of a barbarous king.

St. Andrew was bound to a cross, whence he preached unto the people till he expired.

St. Thomas was run through the body with a lance at Coromandel in the East Indies.

St. Jude was shot to death with arrows.

St. Simon Zelotes was crucified in Persia.

St. Matthias was first stoned and then beheaded.

St. Barnabas was stoned to death by Jews at Salania.

St. Paul was beheaded at Rome by the tyrant Nero.

A GOOD BEEFSTEAK.

"After the soup, we had what I do not hesitate to call the very best beef steak I ever ate in my life. As I write about it now, a week after I have eaten it, the old, rich, sweet, piquant juicy taste comes smacking on my lips again; and I feel something of the piquant sensation I then had. I am ashamed of the delight which the eating of that piece of meat caused me.

"G. and I quarreled about the soup; but when we began on the steak, we looked at each other and loved each other. We did not speak; our hearts were too full for that. But we had a bite, laid down our forks, looked at each other, and understood each other. There were no two individuals on this wide earth, no two lovers billing in the shade, no mother clasping her baby to her heart, more extremely happy than we.

"As you may fancy, we did not leave a single morsel of the steak; but when it was done we put bits of bread into the silver dish and wistfully sopped up the gravy. I suppose that I shall never in this world taste anything so good again."—Thackeray.

Dr. Simmons, editor of the *Journal of the American Medical Association*, was operated for gall stone July 13th; a large gall stone was removed from the cystic duct. We know that the medical profession of the United States are a unit in wishing him a quick recovery. Dr. Simmons has, through his ability and industry, had a great influence for good on the medical profession, and he may rest assured that he is thoroughly appreciated.

NURSES' DIRECTORY.

MISS JOSEPHINE McKAY.
2711 E. Third St. Phone Park 421.

MISS MARY J. AINSWORTH.
(Masseuse)
1055 W. 35th. Tel. Blue 2851.

MRS. B. C. TERHUNE.
366 Edgeware Road. Tel. Brown 336.

MISS IDA M. EHRMAN.
1947 Estrella Avenue. Phone Blue 616.

MISS EVA G. BURTON.
201 W. 27th. Tel. White 981.

MISS KATHERINE CAMERON.
(Graduate Grace Hospital, Detroit.)
895 Grand Ave., Pasadena. Tel. Black 471.

MISS J. A. KINNEY.
1337 South Flower St. Tel. Blue 2491.

MISS LAWSON.
(Graduate Nurse.)
Tel. White 1451. 623 W. Fifteenth St.

MINNIE M. GREGG.
(Trained Nurse.) 1018 W. Eighth St.

GINERVA INMAN. ..
Graduate Nurse,
315 W. Sixth St. Los Angeles, Cal.
Phone M. 607.

MISS PURDUM.
Graduate California Hospital.
Tel. White 2801. Residence, 1708 Grand Ave.

MISS M. A. CRAWFORD.
Nurse.
Tel. Main 912. 1417 Pleasant St.

MISS ADA W. DAKIN.
Graduate Nurse California Hospital.
Telephone Blue 5465. Res. 2704 South Main.

MISS LILLIAN SIMPSON.
Graduate California Hospital.
Telephone White 3656. 1236 W. 22d St.

MISS H. TOLLAN.
Graduate California Hospital.
Telephone John 1056.
The Munroe, 411 W. 2nd St., Los Angeles, Cal.

H. H. JAMES.
Late of St. Lukes Hospital, New York.
Pennsylvania Hospital, Philadelphia, Pa.
Tel. Green 982. 430½ S. Broadway.

MISS ALTHEA F. CLARK.
(Graduate of California Hospital.)
145 W. 17th. St., Phone Blue 9524.

MRS. MARY A. BRAME.
Graduate Nurse California Hospital.
315 West Sixth St., Los Angeles.
Telephone Main 607.

MISS FLORENCE MILLER
Graduate California Hospital.
215 W. 16th St. Tel. Blue 4661.
Telephone Main 79.

JOSEPH D. WYATT
NURSE.
Special Experience in Nursing in Diseases of
Mind and Nervous System.
537 Orange Grove Ave. Pasadena Cal.

THOMAS CHARLES HERBST
(Nurse, 20 years experience.)
Room 10-119-½ W. 1st St.
or
Ring up Glese's Drug Store, Brown 310.

MRS. F. M. LEGGETT.
(Graduate New Haven Training School.)
436 S. Hill St. Tel. Main 1381.

KATHARINE B. SULLIVAN.
Graduate Nurse.
Tel. Main 607. Res. 315 W. 6th, Los Angeles.

BEATRICE READ.
(Graduate of Fabiola Hospital, Oakland.)
28 Temple St. Tel. Red 46.

MISS A. SLAUGHTER.
Trained Nurse.
Convalescent Home, 2636 Grand Ave.,
Telephone Blue 1046.

ROBERT S. TORREY.
NURSE.
Residence 259 Ave. 23. Tel. Alta 11.

MISS LINDA C. HARRIS.
Graduate Lake Side Hospital Training School,
Chicago, '95.
Phone John 221. The Colonade,
330 South Hill St.

MISS SAX.
Graduate California Hospital.
Tel. White 2801. Residence, 1708 Grand Ave.

MISS M. J. HOAGLAND.
Graduate Nurse
Of Bellevue Training School, N. Y.
Tel. Main 793. 312 W. 7th St., Los Angeles.

T. L. JONES.
Professional Nurse and Masseur.
Y. M. C. A. Room 23, 209 S. Broadway, L. A.
Tel., Day, Main 963. Night and Sun., M. 809.

MISS SERGEANT.
Graduate of California Hospital.
2808 South Hope Street, Los Angeles, Cal.
Telephone White 576.

MISS SARA BOYER.
Graduate California Hospital.
Phone Jefferson 5815.
Res. 833 W. Ninth St. Los Angeles.

MISS JEAN J. FALCONER.
Trained Nurse.
Graduate of Salem Hospital, Salem, Mass.
Tel. Red 481. 912 W. Fifth Street.

MISS C. B. HEAPS.
Graduate of California Hospital.
Hotel Clarendon. Tel. Red 3861.

MISS POTSCHERNICK
Graduate Nurse.
Tel. Red 4531. Res. 728 S. Hill St.

MISS E. COSTER.
(Graduate Middlesex Hospital, London.)
432 South Main Street. Tel. White 2052.

JESSIE COOPER.
(Graduate Fabiola Hospital, Oakland.)
202 West 27th Street. Tel. Blue 571.

MISS E. P. LEWIS.
(Graduate Nurse.)
Tel. Blue 6408. 1000½ S. Main St.

MISS A. J. GILBERT.
(Graduate Nurse.)
Phone Blue 3576. Res. 1350 Palm St.

MISS MARGARET KOHLER.
(Graduate Nurse.)
Tel. Blue 3576. 1350 Palm St.

NURSES' DIRECTORY—(Continued.)

MISS A. WOOD

Graduate California Hospital,
Tel. James 4391 1559 Shatto St.

MISS EDITH A. JAMES.

(Graduate Nurse California Hospital.
Tel. White 4661. 1622 S. Hill St.

MISS MAUDE KENDALL.

(Graduate Nurse.)
Tel. Blue 5184. 1507 S. Grand Ave.

MISS KERNAGHAN.

(Graduate Nurse California Hospital.)
Tel. West 228.
127 W. 28th St., Los Angeles, Cal.

MISS MAYME POTSCHERNICK.

(Graduate Nurse.)

Tel. Blue 5184. 1507 S. Grand Ave.

EDWARD H. PUPKE

Professional Masseuse, Scientific Massage and
Rubs. Late of Las Vegas Hot Springs.
416 Crocker Street. Los Angeles, Cal.
Tel. Black 4579.

F. S. HARDIN

Professional Masseuse. Massage Under Physi-
cian's Directions. Nine Years' Experience.
1204 W. 22nd Street
'Phone White 9440. Los Angeles, Cal.

ADVERTISEMENTS.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.



A PURE GRAPE JUICE

UNSWEETENED, UNFERMENTED
AND PRESERVED BY CAREFUL
STERILIZATION ONLY. NO ANTI-
FERMENTS USED.

PURITY GUARANTEED

NATURE'S BEST FOOD AND TONIC!

As a beverage **EL VERDE GRAPE JUICE** is delicious and refreshing. As a tonic it is invaluable in convalescence, being rich in nutrition. Put up by **LOUISE CARY SMITH** at the **EL VERDE VINEYARD, POMONA, CAL.**

H. JEVNE, Agent, Los Angeles, Cal.

WHEN FIGHTING

the tedious and long drawn out sequelæ of wasting diseases,

IRON TROPON, a soluble, very palatable Tropon (natural albumen) combined with 2½ per cent of iron, is indicated. It fulfills all the requirements of a tonic food, causes no constipation, and does not affect the teeth. Samples on request.

Representative for California,

R. H. KUHL,

2858 Steiner St.,

SAN FRANCISCO, CAL.

TROPON WORKS

81-83 FULTON STREET,

NEW YORK.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

PUERPERAL FEVER FROM A SURGEON'S STANDPOINT.

We have received a monograph with the above title by Emory Lanphear, M. D. Ph.D., LL.D., Chief Surgeon of the Woman's Hospital of the State of Missouri.

In the course of this paper Dr. Lanphear says:

"In the modern hospital puerperal fever is now practically unknown; the once frightful mortality has been reduced to zero by the application of surgical principles to obstetric practice. From hospital experience we have learned (a) that normal labor and normal puerperium are attended by normal temperature; (b) that "autoinfection" is impossible — or practically so; (c) that "milk-fever" is a myth; (d) that any rise of temperature above 99 degrees Fahrenheit generally means infection; and (e)

that infection depends upon some fault of the doctor or nurse. Among country doctors and also in the work of city practitioners not thoroughly familiar with the aseptic technic, puerperal infections are still almost as common as in pre-antiseptic days; and with midwives the mortality is something appalling. This must continue until every accoucheur learns that the confined woman is a wounded woman and treats her with the same attention to surgical cleanliness as if the peritoneum were to be opened.

CAUSES OF HIGH MORTALITY.

The persistence of puerperal infections in spite of the fact that we know them to be preventible may be ascribed to—

1. Non-familiarity with the various causes;

II. Inappreciation of the term
asepsis;

III. Gross carelessness;

IV. Meddlesome interference with
a natural process;

V. Spread of venereal diseases.

* * * * *

No doctor is now justifiable in attending any woman in confinement without putting on a freshly washed (even if not sterilized) muslin gown over his clothing.

The ideal method of delivery is upon a portable surgical table (which costs but \$20) on a sterilized Kelly pad covered by a freshly boiled towel or sheet.* If the patient will not consent to this, the bed—always dirty from a surgical standpoint—must be covered with a rubber sheet positively sterile, with boiled towels over it. Anything short of this constitutes gross carelessness.

The doctor's chief fault in carrying out these details consists in using a Kelly pad or rubber sheet which has not been rendered surgically clean after the last confinement or surgical operation. The best method, when the physician has no sterilizer, is to have the rubber scrubbed with soap and water, then "gone over" (both sides—everywhere) with pure carbolic, then with alcohol and finally with bichloride solution 1 to 500; and then wrap it in a sterile cloth instead of "jamming" it into a dirty grip with the thought: "That isn't exactly 'surgical cleanliness,' but it will be as clean as the next patient is!" It is just such little slips that cause so many deaths.

MEDDLESOME INTERFERENCE.

IV. Among the North American Indians puerperal infections are rare—in spite of their filth—chiefly because the fingers are never introduced into the vagina. There can be little doubt that repeated vaginal examinations, attempts to hasten labor by (unclean) digital dilation of the os, rupture of the membranes, etc., are the cause of a large proportion of puerperal infections. Normal labor is physiological, not a pathological process. Too much interference with Nature's plan breeds mischief. One, or at most, two vaginal examinations should suffice. Instrumental or even digital efforts to hasten labor should be resorted to only on definite indications; and then with all surgical precautions.

At the Woman's Hospital one vaginal examination is made after preparation of the woman; then an antiseptic vulvar pad is applied and left until the "the waters break," when she is transferred to the table—thus being ready for instrumental delivery or for sewing any tear if these be necessary.

* * * * *

"In conclusion I wish to state emphatically that 'puerperal fevers' will practically disappear when doctors, nurses and midwives learn that the woman in labor and immediately after should be treated upon the same rules of antisepsis as govern the surgeon in the most extensive operation."

How many of our readers carry out this idea? Read, mediate, act!

PREVENTION OF TUBERCULOSIS.

The following appeal has been sent us by Dr. S. A. Knopf of New York City. As indicating the work that is

being done in this direction it is well worth reading.

The Charity Organization Society's Committee on Tuberculosis needs not less than \$10,000 to meet the expenses of the work which it has undertaken. Contributions made to the society for its usual current operations should not be reduced and cannot be diverted in any large amount to the purposes of this Special Committee. The expenditures to be made by the Committee are for the following main objects:

I. Research into the social—as distinct from the medical aspects of tuberculosis—for example into the relations between the disease and overcrowding, infected tenements and unhealthy occupations, and also into the influence of improved diet and hygienic living upon recovery.

II. Education. The publication of leaflets and pamphlets, the giving of lectures and the promulgation in every possible way of the fact that tuberculosis is a communicable and preventable disease; the widest distribution of the results of scientific research in this field, and of the results of modern treatment both in sanatoria and at home.

III. The encouragement of movements for suitable public and private sanatoria both for advanced and for incipient cases; for adults and for children; for free care and also for the care of those who can pay moderate fees.

IV. The relief of indigent consumptives by the provision of suitable

food and medicines, by the payment of rent when this is necessary to secure adequate light and air, and by transportation and maintenance at a distance when in the judgment of the Committee this is essential.

The labors of the Committee will be directed not only towards the amelioration of the condition of the large class of consumptives, but also towards the benefit of the community as a whole in which there is encouraging reason to believe that tuberculosis may be practically eradicated. The work of the Committee is not intended to be a temporary matter, but its continuance and effectiveness will depend upon the public encouragement and support received.

For research and publication the Committee can easily make use of the \$10,000 asked for, and could employ a larger sum to good purpose. In the relief of special cases existing agencies will be asked to co-operate, but any funds which individuals may be willing to supply for this special purpose, will lessen the burden upon organizations which are already overtaxed by cases of need arising in large numbers from the class of consumptive poor.

Contributions should be sent to the Charity Organization Society, 105 East 22nd Street, New York City.

The Committee consists of the following: Charles F. Cox, Chairman; Otto T. Bannard, Hermann M. Biggs, M. D., Herbert S. Brown, Joseph D. Bryant, M. D., Miss Ella Mabel Clark, Robert W. de Forest, Edward T. De-

vine, Homer Folks, Franklin H. Giddings, Henry Herbert, M. D., J. H. Huddleston, M. D., Robert Hunter, Walter B. James, M. D., E. G. Jane-way M. D., Miss A. B. Jennings, S. A. Knopf, M. D., Alexander Lambert, M. D., Ernst J. Lederle, Mrs. Frederic S. Lee, Egbert Le Fevre, M. D., Henry P. Loomis, M. D., Mrs. James E. Newcomb, Eugene A. Philbin, T. Mitchell Prudden, M. D., Andrew H. Smith, M. D., W. G. Thompson, M. D., E. L. Trudeau, M. D., R. G. W. Wadsworth and Miss Lillian D. Wald.

DEATH OF DR. HEATON.

Dr. Conley Heaton died at his home in Pomona on Wednesday evening, June 25th, and his funeral took place at the First Baptist Church at 10:30 a.m. on the Friday following.

Dr. Heaton was fifty-four years of age and a graduate of the Miami Medical College. In his youthful days he was a school teacher in Illinois and Kansas. He, with his family, came to Pomona in 1898, where he had a good practice until ill health obliged him to relinquish it. He was a member and ex-president of the Pomona Valley Medical Society and belonged to the Indiana State Medical Society and the American Medical Association. He was also ex-president of the Dearborn (Indiana) Medical Society. He was a Royal Arch Mason and very active in the Baptist Church. An autopsy showed that his death was caused by a cancerous condition of the pancreas. Dr. Heaton commanded the esteem of the profes-

sion of the community in which he lived and died.

RESOLUTIONS CONCERNING THE DEATH OF DR. CONLEY HEATON.

WHEREAS, In accordance with the will of an All-wise Creator, the hand of death has removed from our midst our friend and fellow practitioner, Dr. Conley Heaton; and

WHEREAS, Dr. Heaton's upright Christian life, his great devotion to the medical profession, and keen interest in all medical and surgical subjects rendered him at all times a valuable member of this society, therefore be it

RESOLVED, That we, the members of Pomona Valley Medical Society, express our deep regret and sorrow because of his untimely death in the mid-day of life's work; and

RESOLVED, That in appreciation of his qualities as a capable physician, an upright citizen and a true friend, we place on record our testimony of his faithfulness and loyalty to this society so long as health and strength permitted his attendance, and

RESOLVED, That we extend to the bereaved widow our deepest sympathy in this hour of her affliction, and that we present her with a copy of these resolutions, and that the same be spread upon the records of this society.

Respectfully submitted by the committee:

FRANK GARCELON,
F. W. THOMAS,
E. HENDERSON.

Pomona, California, July 19, 1902.

DEATH OF EWING JONES.

Dr. and Mrs. C. B. Jones of 2302 S. Flower street, Los Angeles, have the deep sympathy of the profession and many, many friends in the great affliction which has come upon them. Their son, Ewing Jones, aged twenty-three years, who was a graduate of Stanford University and had just finished a course at the Michigan College of Mines, was drowned in Portage Lake, near Houghton, Michigan, while out in a canoe. Dr. and Mrs. Jones had visited him only about a week previous and had just arrived at their home in Los Angeles when the sad news came. They have but one child remaining, a daughter. We can well realize the sad hearts at that home, after they had watched the development of this promising young man through childhood to manhood.

OPEN AIR TREATMENT.

Dr. J. T. Rothrock of Harrisburg, Pa., who is Commissioner of Forestry of the State of Pennsylvania, has sent out a circular letter to persons suffering from tuberculosis who inquire about the opportunities of regaining health in the mountains of Pennsylvania. The doctor says: "You cannot get too much fresh air into your sleeping quarters, whether a tent, a cabin or a house. The only precaution it is necessary to take is to see that you are warmly enough clad to prevent an attack of pneumonia or pleurisy. Fresh air, then, is the first essential. Please bear in mind that there are but two things in this world which will create strength; one is food and the other is exercise.

In order to enjoy the food and digest it it is necessary that you should take as much exercise as you can without fatigue. There is no exercise which is better than walking. This should be done leisurely and continued until a sense of fatigue warns you to stop. In a few months patients who at first walked but a mile a day came to walk a dozen miles or more with but little fatigue and with positive advantage. The diet should be soft boiled eggs, milk, fresh meat, rice, potatoes, dried apples or prunes, and other such digestible food."

NITROUS OXIDE AS AN ANAESTHETIC.

In the course of an article in the July number of the "International Clinics," in which Dr. Howard Kelly describes his work in his own private hospital, he says:

"The patients are all primarily anaesthetized with nitrous oxide and then given ether. In minor operations upon the vagina and cervix, in dilatation and curettement, in simple examinations under anaesthesia, and in all bladder work, nitrous oxide is alone used, supplemented by oxygen when necessary. Quite recently in several cases with diseased hearts and arteries major operations lasting upward of an hour, such as nephrectomy, have been performed under the influence of nitrous oxide and oxygen. Too much stress cannot be laid upon the constant use of nitrous oxide gas as an anaesthetic for minor operations and preliminary to the use of ether. Nothing which has come into my sur-

gical practice of late years has given me quite so much satisfaction. All the distressing, choking, coughing, and struggling are done away with, and the patient returns to consciousness afterwards without any nightmare regarding her anaesthetization. In addition the post-operative nausea is almost a thing of the past. The surgeon also is saved from twenty to thirty minutes' waiting. I also not infrequently give gas in my office to examine patients who need a deep pelvic examination, but who cannot remain longer than half an or hour or an hour."

DR. WALTER JARVIS BARLOW.

On July 25th Dr. and Mrs. Barlow left Los Angeles for the East to be gone two months. It was their intention to travel over the Canadian Pacific road and visit Victoria and other points along the way. Arriving in the East they were to spend some time in the Adirondacks and Boston and return to Los Angeles about October 1. On their arrival in Seattle the doctor was attacked with appendicitis and was operated Thursday, July 31st. His many friends in Los Angeles were distressed and alarmed, but reassuring telegrams indicate that the doctor is making a rapid recovery. Mrs. Barlow telegraphs that he fell into most excellent professional hands, and that his care has been most satisfactory.

We are all delighted to hear the good news of the doctor's recovery and our medical brethren in Seattle have the thanks of the profession of

Southern California for restoring to health a member of our fraternity who could be ill spared. Disheartening reports of pneumatic complications reach us just as we go to press.

THE CAPITOL DOME.

The dome of the Capitol at Washington is the only considerable dome of iron in the world. It is a vast hollow sphere weighing 8,000,300 pounds—more than 4000 tons, or almost the weight of 70,000 full loaded coal cars of four tons each, which if strung out behind the other, would occupy a mile and a half of track. On the very top of the dome the allegorical figure, "America," weighing 13,985 pounds, lifts its proud head high in the air. The pressure of this dome and figure upon the piers and pillars is 14,477 pounds to the square foot. It would, however, require a pressure 755,586 pounds to the square foot to crush the supports of the dome. The cost of this immense dome was little short of \$1,000,000.

NEGROES IN PHILADELPHIA.

According to the Philadelphia Medical Journal there were in 1870 22,147 negroes in that city; in 1900 there were 62,613. The last eight men hanged in Philadelphia have been negroes. If the immigration of negroes to Philadelphia continues and there is a healthy increase in hanging, the negro problem may be solved.

TREATMENT OF GALL STONES.

We believe that the value of Phosphate of Sodium in a cup of hot water one hour before breakfast every morn-

ing cannot be overestimated. It is the only treatment worthy of consideration where there is a tendency to or a history of Gall Stones. It may be wise to follow the suggestion of Thompson, and "alternate that with Sulphate of Sodium." One to two teaspoonfuls dissolved in a cup of hot water and sipped deliberately at least one hour before breakfast, is the direction to be given.

EDITORIAL NOTES.

Dr. J. P. Hoyl of Santa Ana has been spending his vacation at Catalina.

Dr. George L. Cole has just returned from a delightful visit to Alaska.

Dr. W. A. Weldon of San Pedro has been spending a few weeks in San Francisco.

Dr. A. L. Macleish has returned from a month's camping experience at Idyllwild.

Dr. and Mrs. A. C. Rogers will start on a six months' trip abroad in a short time.

The National Association of Wholesale Druggists will be in Los Angeles October 4th.

Dr. F. T. Bicknell, with his brother, Judge J. D. Bicknell, is spending a few weeks at Idyllwild.

Dr. Frank Garcelon has been remodeling and increasing the size of his offices in Pomona.

Dr. John A. Colliver has gone for a few months' stay in Chicago, where he will devote himself to study.

F. R. Burnham of San Diego has been spending a month in the mountains around Shasta and has just returned home.

The Chicago Tribune has for its newsboys a complete bathing establishment, and they insist that newsboys shall take frequent and regular baths.

Dr. H. H. Maynard has gone on a vacation to Honolulu, where his two sons reside. The doctor needs a rest and we know his trip will do him good.

Drs. J. H. Davisson and M. L. Moore have just returned from a four months trip abroad. They have had a delightful time and look rugged and hearty.

Dr. and Mrs. John McGarry with their daughter Katherine have, after an outing at Santa Monica, returned to their home at No. 660 W. Washington street.

Dr. W. W. Beckett, who is one of the directors and a very large stockholder in the Conservative Life Insurance Company, has removed his offices to the Conservative Life Building.

The State Board of Medical Examiners has been reorganized, with Dr. David Powell as president, Dr. Dudley Tait, vice-president, Dr. C. I. Tisdale,

treasurer, and Dr. George E. Gere as secretary.

Dr. W. E. Platt of Safford, Arizona, and Dr. John H. Lacy of Solomonville, Arizona, have been visiting in Los Angeles and looking after patients whom they had sent over to Southern California.

We gladly call attention to the advertisement of the Uricol Chemical Company. This article is manufactured under the immediate direction of Mr. C. Laux, whom we all know to be an able and conscientious chemist.

Dr. J. D. Reed, the health officer at Covina, has had quite a time with small pox in the portion of that community known as Spanish Town, but he has effectually stamped out the disease, and the quarantine has been raised.

The physicians of Riverside are actively at work taking the preliminary steps towards the establishment of a private hospital. The capital stock is to be \$25,000. The executive committee consists of Drs. Kendall, Baird, Gill, Way and Brown.

Official reports show an alarming increase of smallpox. From December 28th, 1901, to April 18, 1902, there were reported 29,304 cases with 850 deaths, while for the corresponding period of 1901, only 16,734 cases with 225 deaths were reported.

Dr. Robert M. Dodsworth, who has recently been appointed visiting physician to the Indian School at

Phoenix, is now associated with Dr. Wm. Duffield, the well known Phoenix practitioner. There are nearly 800 pupils in the Indian School.

Dr. J. C. King of Banning is, as all good physicians should be, active in the educational work of his home town, and is clerk of the Board of Education of Banning. He is now arranging for the erection of a new high school building in that town.

Dr. H. G. Brainerd, who is the medical director of the Conservative Life Insurance Company, has removed his offices to the new building of the Conservative Life, corner of Third and Hill streets. Accompanying him are Dr. Claire W. Murphy, Dr. Albert Soiland and Dr. Paul Bresee.

We are indebted to the Occidental Medical Times for July for the report on the discussion of the paper on "Oophorectomy." The Occidental has always made a specialty of having reliable reports of the discussions in the State Society, and still maintains this work although it is done at no small expense.

Dr. James T. Jelkes, of Hot Springs, Arkansas, died on June 24th. He was 53 years of age and was, at the time of his death, Professor in Barnes Medical College, St. Louis, Mo. He was also editor of the Hot Springs Medical Journal, and a man well known and respected by the profession throughout the United States.

Dr. Frank C. Ferguson, one of the most prominent surgeons of Indianapolis, has been making quite a little stay in Los Angeles, looking after some valuable mining interests that he has, and at the same time taking a much-needed professional vacation. We remember how we used to admire him twenty-five years ago, and are glad to see that he still maintains the same erect and military air that he did in his younger manhood days.

Any physician desiring a practice in a good country community can get such a practice cheaply if taken at once. The physician who wishes to sell has important reasons for leaving immediately. We know this to be an excellent opening for a village and country business. Any person who is interested can be put in correspondence with the physician by writing to the editor of the Southern California Practitioner, 1414 S. Hope street, Los Angeles, Cal.

We have just received a letter from Dr. E. G. Ferguson of Macon, Ga., whose article on "The Negro" appeared on page 188 of the Southern California Practitioner for May. He informs us that he is not a Southerner, but a Canadian; that he has lived in the South ever since 1875, and that the negro traits were more patent to his observation than to those who had lived amongst the negroes all their lives. Dr. Ferguson's article is attracting a great deal of attention.

At the meeting of the American Medical Editors' Association the fol-

lowing officers were elected for the ensuing year: President, Dr. Winslow Anderson, editor Pacific Medical Journal, San Francisco; vice-president, Dr. Otho F. Ball, editor Tri-State Medical Journal, St. Louis; secretary and treasurer, Joseph Macdonald, Jr., editor International Journal of Surgery, New York. The association will meet the day preceding the annual meeting of the American Medical Association next year, at New Orleans.

For quite a long time there have been a few cases of small pox constantly in Los Angeles, but now the city is without a case. Since the disease first manifested itself here there have been 113 cases, but, as an evidence of the excellent manner in which it has been handled, there has not been a death. Dr. L. M. Powers, our able health officer, and his assistant, Dr. Sumner J. Quint, deserve great credit for the intelligent vigilance which they have exhibited in keeping this disease within bounds.

Dr. Herbert M. Pomeroy, one of our most promising physicians, committed suicide about 1 o'clock on July 24th. He was thirty-eight years of age; born in Ottawa, Ohio, and was a member of the Los Angeles County Medical Society. He was of superior ability and a man of spotless conduct and reputation. Six years ago he was married to Miss Alix McIntosh, and they had one child, a daughter five years old. His last words were messages of love and tenderness for them. The cause of death was evi-

dently melancholia, which had seemed to be gradually growing on him since the death of his mother in March, 1900.

We have received from C. N. Ellinwood, M.D., President of Cooper Medical College, announcement of the seventh annual course of the Lane Lectures. These lectures will be given by Mr. Charles S. Ball, Professor of Surgery in the University of Dublin, who is an eminent authority on the surgery of the rectum. The course consists of ten lectures, beginning Monday, September 1st, at 11 a.m., and physicians wishing to attend should notify Dr. Ellinwood at once. This will be a most valuable course of lectures, both for the surgeon and the general practitioner.

Dr. Felix L. Oswald has written an interesting popular article entitled "The 'Cold' Delusion," in which he says: "Horses that have weathered the dreadful blizzards of a northwestern prairie, and who have perhaps died of hunger or shrunk to skeletons, can be found with perfectly sound lungs at the end of winter. Consumption is the development of a microbe that flourishes in warm, stagnant and impure air, and defies all remedies except the patient's transfer to a purer atmosphere. The cure in ninety-nine out of one hundred incipient cases could be accomplished by the simple plan of opening the bedroom windows. An hour's walk in the germ-destroying atmosphere of a keen winter day, or of an early morn-

ing in summer, may nip the mischief in the bud. Sleeping in the direct draught of a cool night wind will answer the same purpose, especially after out-door exercise has invited the remedial co-operation of deep slumber. Catarrh microbes may resist a considerable dose of carbolic acid, but at the whistle of a blizzard they will vanish like ghosts at the song of a morning rooster."

The marriage of first cousins in Missouri is prohibited by law and yet the best authorities the world over evidence that unless the cousins who marry are possessed of similar weaknesses the breed is improved rather than the reverse. Apropos to this topic Dr. John Inglis in the Medical Record observes: In an effort to compare one hundred cases of marriage between cousins-german with one hundred average marriages where no relation existed, the author took by lot from a physician's case-book, who had practiced in a town of fifteen hundred inhabitants for thirty years and knew their family histories well, the names of one hundred families, and had this physician give him the record of these one hundred marriages with regard to sterility, pulmonary, mental, and congenital diseases. These were then compared with the marriages of cousins. The latter showed a lower percentage of sterile marriages and a slightly lower percentage of mental diseases. In pulmonary and congenital diseases there was about the same percentage of difference in favor of the former. In all other particulars the difference

amounted to as little as any such comparisons can. In the one hundred cases of those not related, seventeen per cent. were sterilized; but in the cousins-german, fourteen and a half per cent. These figures agree very nearly with Huth's investigations.

THE WINDING SHEET OF CHRIST.

The Paris correspondent of The Lancet writes that M. Vignon recently read a most interesting paper before the Academy of Sciences and exhibited some photographs which he had taken of the winding-sheet preserved at Turin and traditionally said to be that of Christ. This winding-sheet has on it certain markings printed in a brown color which, when photographed, gave a white imprint, as does a negative when printed from. These markings, therefore, act as a true negative, and M. Vignon has shown by certain very careful experiments that cloth impregnated with oil and aloes, as was the winding-sheet in question, will receive an impression when in contact with ammoni-

acal vapors such as would be given off from a sweat very rich in urea, as is the case in the sweat of a person dying a lingering and painful death. Any idea of fraud need not be considered, for no one has touched this winding-sheet since 1353, and no painter at that date had the skill to reproduce such an exact drawing. The impression of the head is excellent. The wounds produced by the crown of thorns and the marks of the blood drops are quite obvious. The wound in the side and even the marks of the stripes produced on the back by the flagellation are also quite evident. Each of these stripes has at its end an enlargement, such as would be produced by a cord with a ball of lead at the end. It is well known that this form of scourge was employed by the Roman soldiers and such a one has been found at Pompeii. Finally, the marks of the nails in the arms are not in the palm of the hand, but show that the nails were driven through at the level of the wrist. M. Vignon's paper has created an extreme interest, both in the scientific and the religious world.—Medical Record.

BOOK REVIEWS.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS comprising ten volumes on the year's progress in medicine and surgery issued monthly under the general editorial charge of GUSTAVUS P. HEAD, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School.

VOLUME VII. MATERIA MEDICA AND THERAPEUTICS; PREVENTIVE MEDICINE; CLIMATOLOGY; FORENSIC MEDICINE. Edited by GEORGE F. BUTLER, Ph. G., M. D. HENRY B. FAVILL, A. B., M. D., NORMAN BRIDGE, A. M., M. D., HAROLD N. MOYER, M. D. June, 1902. Price \$1.50. The Year Book Publishers, 40 Dearborn Street, Chicago.

Dr. Butler speaks particularly of Antitussin. "The use of this rem-

edy in pertussis is advocated by J. W. Frieser as the results attained indicate that it is efficient in aborting and curing established cases. It is an organic preparation of fluorin, a salve consisting of five parts difluorophenyl in ten parts vaselin and eighty parts lanolin. It is rubbed into the skin of the neck, chest and back, and the relief was almost immediate in the fifteen cases in which Frieser employed it." He also devotes considerable space to Cacodyl and its derivatives. The preparation chiefly



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL
HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Sold by Leading Druggists Avoid Imitations
Mention this Publication

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)
57-59 PRINCE STREET, NEW YORK

DIASTALIN

(TRADEMARK)

An ideal digestive agent composed of Pepsin, Caroid, Pancreatin, Diastase, Nux Vomica, Bismuth Subgallate, Willow Charcoal, with Lactic and Hydrochloric Acids.

Diastalin is giving universal satisfaction. A trial will convince you that this combination is infinitely superior to any other that you have ever used. Liberal sample free.

HEMATONE

(TRADEMARK)

A perfect Blood and Nerve Food. It contains in soluble form all the blood-iron albuminates and salts (Hemaglobin, Paraglobulin, Phosphates, etc.) with Hydrastis, Nux Vomica, Hypophosphites, and the Tissue Salts. It is an ideal reconstructant, and will give satisfaction to the most exacting.

ZEMATOL

(TRADEMARK)

GUARANTEED to cure all forms of Eczema, also Tetter or Salt Rheum, Barber's Itch, Varicose, Ulcers, Pruritis Ani or Vulva, and Ring-worm. Zematol is the most wonderful preparation you ever used. If you doubt it, send us \$2.00 for a pound can, try it, and if you are not satisfied with the results, return the unused portion to us, and we will refund your money.

Zematol contains the Oil of Betula (Russian), Potassium Sozoiodolate, Zinc Oxide (C. P.), Mercury Naphtholate, Ichthyol, Gallanol, and Volatile Oils.

SEND FOR CATALOGUE

CHICAGO PHARMACAL CO.,

TRADE SUPPLIED BY

F. W. BRAUN & CO., LOS ANGELES AND

REDINGTON & CO., SAN FRANCISCO

CHICAGO, ILL.



to
2
yrs
on
WT.
35
lbs.

From 6 mos.



**ESKAY'S
FOOD**

HEALTHY BABYHOOD

is always the result of proper diet. Babies on Eskay's diet teeth easily and naturally, and otherwise successfully pass through their second summer as did the one whose picture we show herewith.

Samples and clinical reports sent on application to the manufacturers,

SMITH, CLINE & FRENCH CO.,

Philadelphia, Pa.

used is Sodium Cacodyl, which is an organic combination of arsenic containing 55 per cent. of arsenious acid. It may be given by the mouth or hypodermically, the daily dose being from one-half to one and one-half grains, and is much less toxic than other preparations of arsenic. It has an especial affinity for nerve centers in which it seems to become fixed.

Following the administration of the drug a marked leucocytosis is observed as well as an increase in the number of red cells and the oxygen bearing power of the cells is markedly increased.

"An important action of arsenic is to fix on nervous tissue which seems to become less irritable, and to diminish tissue waste produced by nervous overstimulation. Hence it is especially recommended not only in neurasthenia and chorea, but in tuberculosis, diabetes mellitus, Graves' disease, cancer of the stomach, leucocythemia and the grave anemias. Diabetes has been especially successfully treated with it, the sugar being greatly reduced even in advanced cases.

"Concerning the employment of the cacodylate of sodium in tuberculosis it has been suggested by Gautier that in these cases there is an arsenic anemia analogous to the iron anemia in chlorosis, and upon this hypothesis the good results obtained are explained. In this as in other diseases it is recommended to employ the hypodermic method of administration, the tolerance being apparently increased by this method and the unpleasant effects frequently noticed when given by mouth, such as the alliaceous odor, gastrointestinal irritation, etc., are obviated."

Dr. Butler also enters fully into the treatment of tuberculosis by zomotherapy; that is, "the raw meat treatment," and also the treatment of

tuberculosis by urea. In fact Dr. Butler's portion of this little work is right up to date.

The department on "Climatology" by Dr. Norman Bridge is a condensation of the scientific papers of the year on that subject. All California practitioners will be benefited by reading Dr. Bridge's resume.

"ANOTHER AND CHILD" BY EDWARD P. DAVIS, A. M., M. D., Professor of Obstetrics in the Jefferson Medical College; Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Visiting Obstetrician to the Jefferson, Philadelphia, and Polyclinic Hospitals, etc. J. B. LIPPINCOTT COMPANY, 1902, Philadelphia, Pa.

This work of 264 pages gives just exactly the advice to the mother that every physician would naturally wish her to know. It is a common-sense talk from an obstetrician and will fortify an intelligent mother so that she will realize conditions as they come up.

"OPHTHALMIC MYOLOGY. A SYSTEMATIC Treatise on the Ocular Muscles, by G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University, Author of 'New Truths in Ophthalmology,' ex-president of the Nashville Academy of Medicine, ex-President of the Tennessee State Medical Society. Sixty-one illustrative cuts and plates.

The author has given us a book of about six hundred small octavo pages, devoted entirely to the muscles of the eyes. While there are many things in the work with which the reviewer cannot agree, he is obliged to acknowledge that it is so valuable that no oculist should be without it. Dr. Savage has many peculiar ideas and theories and is very original in his methods of attempting to substantiate his theories. There is scarcely any point that has been discussed during the past ten years in regard to eye balance that it is not fully considered in this book, and it will well repay anyone interested in eyes to peruse this work, even though they may disagree widely with the author's theories.

THERAPEUTICAL HINTS.

WHY COCOA IS A PANACEA. —

How many of our readers appreciate the true value of Coca as an all around remedy? Not Coca, from which Chocolate is made, but Coca, from which that potent substance Cocaine is produced. It requires one ounce of Coca leaves to make one grain of pure Cocaine, and that alkaloid is but one of many contained in these marvelous leaves. It is because of the modified action of all the constituents that the whole drug is possessed of different therapeutic properties, and is specifically greater than any one of its parts. Coca is a nervous-stimulant, acting primarily on the cerebral cells, but in this action having an elective affinity for the respiratory center and a chemico-physiological depurative influence on the blood. It is from this latter cause that Coca has such a wide-spread usefulness, which seemingly classes it as a panacea for all ills. With a purified blood stream, the organs of assimilation and the muscular and nervous systems are not only repaired, but maintained in equilibrium.

Unlike any other nervous stimulant Coca is not followed by depression, though in full doses a brief period of depression may precede its physiological action. This indicates the employment with Coca of a defusible stimulant which, after an evanescent period speedily gives place to the influence of the drug. The difference between the action of alcohol and Coca is well illustrated in the anecdote of the Andean Indian, who, given a first taste of whisky and asked his idea of its effects compared with Coca, replied: "Coca helps a man to live, but whisky makes him row a boat."

—(Mortimer's Peru: History of Coca, p. 224.) Thus the combination of wine with Coca, such as in the well-known Vin Mariana, is not only purely scientific, but a commendable preparation that presents an agreeable means of exhibiting the positive merits of properly preserved Coca.

"Truth crushed to earth, shall rise again,

The eternal years of God are hers;
But Error, wounded, writhes with pain,

And dies among his worshippers."

In papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from the evil effects which I have just named. It is very prompt, in this respect excelling any other opiate, and it never produces nausea, constipation and the usual woes that go hand in hand with the old-time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two or three hours, until its anodyne action is attained. In giving papine, we bear in mind that a teaspoonful represents the strength of one-eighth of a grain of morphine. Having this fact in mind, the dosage which is appropriate in any case will at once suggest itself.

Extract from "Remedial Measures Indicated in Affections Attended with Pain," by G. S. Trotter, M. D., New Albany Medical Herald.



W. J. GOODHUE, M.D.
SUPERINTENDENT MOLOKAI LEPER SETTLEMENT.

A Leper Devotee.

Dr. W. J. Goodhue, superintendent of Emerson Hospital, Kauai, has been appointed medical superintendent of The Molokai Leper Settlement. Dr. Goodhue is 32 years old and a graduate of Rush Medical College, Chicago, 1897. He was the unanimous choice of the Hawaiian Board of Health over some forty-five other applicants for the position, and goes to Molokai for special scientific work for the government. The Light Cure (x-rays) will be thoroughly investigated, as well as other curative measures. It is the intention of the new superintendent to thoroughly investigate the causes of leprosy and, in connection with this, if possible, discover what part the mosquito plays in the propagation of leprosy. The field is large and engaging and the scientific world will watch the work of this new devotee with interest. Dr. Goodhue was for many years a resident of Riverside, California, and considers Southern California his home. May God bless him and all mankind in his work!

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, SEPTEMBER, 1902.

No. 9

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE)

THE BRITISH MEDICAL ASSOCIATION.

BY ANDREW STEWART LOBINGIER, M. D., LOS ANGELES, CAL.

LITTLEDALE HALL, Caton, Lancashire, Aug. 2, 1902.

Dear Doctor Lindley:

The seventieth annual meeting of the British Medical Association closed its session at Manchester yesterday and I am reminded of my promise to write you some impressions of British surgeons and their work.

Very naturally, the British Medical Association occupies much the same position in England that the American Medical Association does in our country. Under the reorganization which has been effected, almost simultaneously in both countries, the governing and administrative powers are very closely allied. A visitor from America is struck with the elaborate

SOCIAL DIVERSION

provided for members and their ladies, and, of course, the foreign guests are included. I find this has given rise to an impression in certain localities that these annual meetings are growing more social and relaxing and less serious and scientific. But I am sure the representation and at-

tendance at the surgical section, to which I gave practically all of my time is quite as full as it is in America, and the character of papers and discussions, equal if not superior to our own.

In addition to quite a number from France and Germany, there were fully fifteen or twenty American physicians and surgeons in attendance—most of them gentlemen of distinction, as may be seen when I mention such names as Senn, Rodman, Shoemaker, Anders, Parker Syms, Rotch, Edebohls, Stengel, Samuel Alexander, Musser and others, whose names I do not now recall. Almost all of them were frank to admit the high character of the papers and their discussions, and the fine dignity, with possibly a single exception, which marked the entire meeting. At the dinner on Tuesday night there must have been quite five hundred, and this was attended not only by distinguished men in the profession, but by equally illustrious representatives of Parliament, the clergy and bar and by the Lord Mayor of Manchester. We have al-

ways known the physician and surgeon abroad to be a gentleman, held in highest esteem as a citizen and scientist but an occasion like this seemed to give emphasis to the fact.

One of the most notable figures in the section on surgery was

SIR WILLIAM MACEWEN

of Glasgow. He is a tall, rather handsome Scot of probably sixty, courtly in manner, and with an elegance and judicial style in address which mark him a scholar and authority. I can say nothing here of the technique of Sir William Macewen, since I have not as yet seen him operate. But his work has always held a high place in the esteem of American surgeons, and I am told he still retains the style and virility which have distinguished his career in the past. He has asked me to visit him the week before I sail, and on my return from the continent I shall go to Glasgow.

Another gentleman of note among the older surgeons is Prof. John Chiene of Edinburgh. Prof Chiene belongs to that sturdy school of Scotch operators which developed under the tutorship of Syme, and like Donald Maclean in America, who was for many years Syme's first assistant,

JOHN CHIENE

has left an enduring fame associated with the development of the surgery of his generation. At all the sessions of the section he was a great listener; but many of his former pupils, who were present and shared in the discussions, made grateful allusion to his teaching.

MR. REGINALD HARRISON,

a surgeon on whom Americans have looked as an able authority in genito urinary surgery, was present and spoke several times during the meeting. He is a large, fine-looking gentleman of, I should

judge, 58 or 60 years, with a very genial manner. For many years he was the leading surgeon at Liverpool, doing the most notable work of his life at the Royal Infirmary. Later he moved to London and has occupied a high place among London surgeons. I had a letter to Mr. Harrison and found him most courteous and kind. A gentleman who succeeded Mr. Harrison at Liverpool, and whose work is well known to us, is

MR. RUSHTON PARKER.

Immediately after landing I spent two days with Mr. Parker at the Royal Infirmary and was pleased to meet him again at Manchester, where he read a very entertaining paper on excision of tubercular glands of the neck, citing a very large experience and reporting tables on some three hundred cases.

Still another gentleman whose discussions attracted the critical listener was

MR. JORDAN LLOYD

of Birmingham. Mr. Lloyd is a very oft-quoted authority in America, as you know, and I am sure you would not be disappointed in hearing him in his own country. He impressed me as a scholarly and most thoughtful man and I am told his work at Birmingham is very large and representative in its range. He is small in stature, with large, prominent brow, and has positive and impressive manner of address.

Previous to the meeting at Manchester, I spent a week with

MR. MAYO ROBSON

at Leeds. He is senior attending surgeon at the Leeds Infirmary, where he has had a service of eighteen years. The service at this Infirmary is limited to twenty years, so that Mr. Robson will be retired in two years and another will be advanced to fill his place. This is

the hospital where Sir William and John Hey and Mr. Teale did their work and made contributions to the surgery of their time, which have lived and are now historic. It is very probable Mr. Robson will eventually remove to London—in fact, he now spends two days of each week there. Mayo Robson is what would be styled in America a self-made man.

He is a most amiable gentleman, ruddy of face, and stout of figure, whose winning smile makes you at once his friend. I found no more cordial greeting in England than from Mr. Robson. He is one of the busiest of consultants, with an income, I am told, not exceeded by any other surgeon here.

In America we know him best as an abdominal surgeon, who has done exceptional work on the stomach and gall bladder. His work on the

"SURGERY OF THE STOMACH," published by himself and Mr. Moynihan, of whom I shall speak later, is too well known among us to be more than mentioned here. These two gentlemen showed me the galley proofs of a work on the

"SURGERY OF THE PANCREAS," which they will publish in America from Saunders' in September. It will be the first work on this new field in our language, and will prove a most welcome treatise on the pathology and surgery of this hitherto little studied organ.

I had the pleasure of seeing Mr. Robson in twelve or fifteen major operations on the gall bladder and on the stomach, and I am frank to say I have never seen more clever work. He demonstrated his new incision and the delivery of the adherent and

IMPACTED COMMON DUCT

for me, with such ease and deftness, as to make what has hitherto been in many instances a most difficult procedure, one of the simplest. I was

very much impressed with the number of patients in the Leeds Infirmary with gastric ulcer and gall stone disease.

There is no doubt the reputation of Mr. Robson's skill in this particular field is accountable for a large number; but it seemed to me ulcer of the stomach must be commoner in England than it is with us, for in a single day I saw Mr. Robson and Mr. Moynihan do five gastroenterostomies for this condition and I was told three more patients were in the wards waiting their turn. It did not appear that this large clinic was especially collected for that occasion, although it no doubt was somewhat exceptional.

Every case had unmistakable evidences of ulcer and many of them multiple eschors and adhesions. There were many cases in the wards operated for ulcer and gall stones previous to my visit and these, with what I had seen, confirmed me in the belief that I should not likely encounter elsewhere the like of this clinic at Leeds.

I have mentioned the name of

MR. B. G. A. MOYNIHAN, in connection with the Leeds Infirmary. He was formerly Mr. Robson's assistant and is assistant surgeon now at this hospital, and one of the most brilliant young operators I know. I think Mr. Robson is quite as proud of him as Mr. Moynihan is loyal to his former chief and it is not extravagant to predict for Mr. Moynihan one of the brightest careers in English surgery.

Among all the men I have met, the one who has impressed me most deeply by his scholarship and versatility is

SIR VICTOR HORSLEY.

The genius of this man had fascinated me from my earliest knowledge of his work. To meet him now is only to

increase my admiration for his great mind.

For more than twelve years he has held first place in localization and intracranial surgery. In America this eminence was promptly conceded; here I find it equally accorded. Horsley is great because he has quality; and behind it an extraordinary power of initiative. These words would be rank hyperbole were the subject and his work not long since placed in the history of our science. Even now I feel a diffidence in commenting freely on the career of a gentleman whose guest I have been for one of the most charming weeks of my life. But it may be permissible to say that whether I met him as a teacher demonstrating in his inimitable style the removal of Gossers ganglion, or as a gentleman in his beautiful home, or as a shooting companion tramping on the moors and through the dales of Lancashire, I found Sir Victor Horsley rare, fine, incomparable. Like all great men, his life is beautiful in its simplicity. Loving his family devotedly, he spends all his spare time in their companionship. When hard work is over he has the happy faculty of utter relaxation and is a good fellow with his boys.

Everyone who meets Mr. Horsley for the first time is struck by his youthful appearance. He has been celebrated for a decade and a half and I am told is only just passed forty. He is just entering his prime, athletic, resilient, aggressive, pushing on to something greater every day. Nothing interferes with the time set apart for his laboratory each week, and as much extra as possible is added to the time regularly allotted to be spent there. His potentialities are so far beyond the average worker one meets it seems only reasonable to entertain the fullest

anticipations for what he shall give us from year to year. In cerebral and spinal study he is now at work on some delicate differentiation which is likely to lead to a vastly wider and clearer operative field. Every hour spent with him has been a delight. No man can be long in the atmosphere where Mr. Horsley lives and thinks without responding to powerful enthusiasm which dominates his activities.

Among all the difficult and delicate problems he is solving for us in intracranial and spinal surgery, he does not forget to use his influence for a better organization and esprit de corps in his profession. And I find he has not only been the most active member in effecting the reorganization of the British Medical Association, but is endeavoring now to strengthen the position of the Association as a distinct

POLITICAL UNIT

in the Kingdom of Great Britain. I mention this as only one of the many evidences of Sir Victor Horsley's breadth and versatility.

My stay in London has had much to make it delightful in a social as well as professional way. But this letter is already quite too long and I must hasten on, being compelled to touch but lightly the great field of interest here to any surgeon who cares to see it.

There is no doubt that the English surgeons have been somewhat slow to adapt a strictly

ASEPTIC TECHNIQUE.

Evidences are at hand showing how primitive were facilities for working and how conservative operators have been in coming to methods which we adopted with promptness a decade ago. But it should be known in America that these conditions do not now prevail to any large extent in England, and that improvement, so

marked as to be the subject of local comment, is everywhere apparent. I saw a suite of five as fine operating rooms, with every modern appointment, at the London Hospital as one could find in America. The appointments at St. Thomas' are in every way elegant and modern, and the same is true at Middlesex. I am sure London affords now as aseptic conditions in many of its operating rooms as one can find in Philadelphia, New York or Chicago, for I have seen them. It must be acknowledged, however, there still lingers amongst a few British operators a peculiar faith in antiseptics for a portion of the toilet. Gloves are not very commonly used and the obsolete cotton glove is still seen. Great care is taken in diagnosis and the English operator has a quite definite idea of what will be found before he operates. They express surprise at the frequency of the so-called "exploratory" operation in America, just as we express astonishment at the liberal use of antiseptics here in England. Nevertheless, the English surgeon is doing many things as cleverly as the American and he does some things better. A fair and candid mind will find much that is original here, and the English operator to be a thoughtful, conscientious man. There is a very cordial spirit toward the fra-

ternity in our country and I have heard on every hand most generous praise of the work done in America. I have no doubt that in future American surgeons will find much more to attract them in England than hitherto and this most interesting country will not be passed by on the way to the continent.

It would be quite impracticable to attempt to mention, in even briefest manner, the work and qualities of more than a few of the men of eminence here. I have touched on those whose names are known well at America and whose contributions to modern surgery are most conspicuous. But I have seen the excellent work of Mr. Charles A. Ballance, Mr. William H. Battle, Mr. Cripps, Mr. Barnard and others with much interest, and I desire in closing to pay a grateful tribute to the uniform courtesy and consideration which I have invariably received at the hands of English surgeons—attentions indeed so gracious and cordial I shall carry back with me the warmest feelings of fellowship for this great people.

I shall endeavor to write you a brief letter from Vienna or Berlin. With kindest wishes.

Fraternally yours,

ANDREW STEWART LOBINGIER.

London, Aug. 12, 1902.

A STUDY OF THE DIAGNOSIS OF INCIPIENT PULMONARY TUBERCULOSIS.

BY F. M. POTTENGER, PH. M. M. D. LOS ANGELES, CAL.

The great interest which has been awakened in the subject of tuberculosis in recent years has caused this dread disease to assume a brighter aspect. It is not the hopeless disease that it was formerly considered to be; for with the awakened interest, has come a better understanding of its nature. We have learned, as Pro-

fessor Brouardel says, that it is not only curable, but the most curable of all chronic diseases. The curability of the disease depends, however, upon the attending circumstances, such as, the earliness of diagnosis, the resisting power of the patient, and the peculiar form that it may assume. We can not control the form of the dis-

'ease, but we can increase the resisting power of the patient and, above all, improve our ability as diagnosticians so that we may detect the disease when it first makes its appearance.

The attitude of the medical profession towards tuberculosis has depended very much upon and kept pace with its ability to make an early diagnosis. Before the discovery of the bacillus tuberculosis the disease was rarely recognized, except by expert diagnosticians until the lung was badly involved, and the clinical symptoms had become pronounced; hence, as a disease, it was of little interest to the profession, but, thanks to Koch's great discovery, physical diagnosis has improved and cases with this dread malady are diagnosed much earlier than formerly. Since the discovery of the specific cause of tuberculosis, whenever suspicion has existed, the sputum, if present, has been examined. In this way practitioners have learned that the earliest symptoms are very slight. Not content here, we are now even daring to go back of the microscope and diagnose tuberculosis before the open stage has been reached; and the time is not far distant when we will no longer look to that instrument to confirm our diagnosis of incipient pulmonary tuberculosis.

The sanatorium movement in Germany is already causing our professional brethren across the water to take an advanced position on the subject of early diagnosis. In these institutions the great advantage of detecting the disease in the initial stage is so well appreciated that the profession is taking a stand with Brandenburg,¹ who says: "The time is passed when it is customary to seek for tubercle bacilli in the sputum as

evidence of beginning phthisis." And again: "It is safe to say that not over one-half the patients who have gone to Grabowsee (a sanatorium for which he is one of the examining physicians) had bacillus-bearing sputum when they entered." In a former paper² when referring to early diagnosis, I quoted the experience of Weicker of Goerbersdorf, who says that of the past fifteen hundred cases at his sanatorium diagnosed as tuberculi had yet appeared in the sputum by the physical signs, in about one-third of the cases, no tubercle tum.

The chief reason that Germany is in advance of other countries in her skill in early diagnosis is because of the great public interest which has been created there. The people have been educated to the fact that the early signs of the disease are very slight; and, also that there is great advantage in having it recognized in its incipency; so, they often present themselves for examination when the disease has made its first appearance. Men who are thorough diagnosticians have been appointed to examine applicants for the people's sanatoria; and, through their constant practice in examining early cases, have been able to make physical diagnoses, for the most part, independent of the microscope.

While the physicians of Germany are diagnosing their cases before the advent of bacilli in the sputum and are giving their patients the benefit of this most favorable time for treatment, let me quote Trudeau,³ one of our foremost workers in this field, to show how remiss we, as a profession, are in this country. He says: "A man who has acted as examiner for the

¹Pottenger: "Steps in the Prevention of Tuberculosis." *Journal of Tuberculosis*, Vol. ii, p. 228.

³Trudeau: *Medical News*, June 29, 1901, p. 1014.

¹Brandenburg: *Berliner klin. Wochenschrift*, 1900, No. 16.

Adirondack Cottage Sanitarium for years, in a large city, says, that not a really incipient case of tuberculosis has ever been referred to him for examination." And again he says: "The histories of 70 per cent. of the applicants for admission to the Adirondack Cottage Sanitarium show disease of from one to three years' standing." To show that this is no exception, I will quote Bowditch's¹ experience at Rutland. He says: "The average duration of symptoms of disease prior to entrance in all cases was 15.7 months." This is not an unusual experience for any man who is dealing with tuberculous patients, but it is a sad state of affairs and one that should be remedied. Perhaps the blame for this condition of affairs should be laid to the public and the medical profession conjointly; to the public in that those suffering from incipient tuberculosis rarely present themselves for examination; and to the medical profession, in that it has not educated the people when to suspect the beginnings of this disease, and, furthermore, has not treated the early symptoms, when presenting, with sufficient respect. Wherever the blame rests such a state of affairs is a strong plea for more careful study and more adequate teachings upon this important point. The public must be informed. Tuberculosis is the people's disease and it can be stamped out only by their intelligent aid; so, there should be an organized united effort upon the part of both the medical fraternity and the laity to carry an adequate knowledge of the disease to all the people of the land. They should be taught when to suspect it in its incipient stage, and that this is the favorable time for treatment. Physicians should also do their part by thoroughly mas-

tering the signs and symptoms which are essential to an early diagnosis of the disease. Then such experiences as are detailed by Trudeau and Bowditch could not exist. I do not believe I am wide of the mark when I say that the time is near at hand when an early diagnosis in tuberculosis will be only a diagnosis before tubercle bacilli have appeared in the sputum.

One cannot expect to be able to detect the early changes in pulmonary tuberculosis unless he understands what these changes are and what produces them. To this end it would be well for us to freshen our memories on the pathology of the disease; for, while we often hear that pathology is dry, yet it is the pith and marrow of diagnosis and the only guide for a rational therapy.

When bacilli have found lodgment in the pulmonary tissues certain phenomena take place. These are caused by the presence of the bacilli, acting as foreign bodies, by the toxins produced,² and by the multiplication of the bacilli themselves, as well as by the increase of the local cellular elements. The effect produced is that of an irritation of the part affected with an exudation of leucocytes and serum around the bacilli and also a proliferation of the local fixed tissue cells. These together form the tubercle. Experiments have shown that it takes from ten days to three weeks for the tubercle to form.

The tubercle formed, the bacilli therein may perish and resolution take place; the cells may organize into fibroid tissue; or necrosis may follow. Blood vessels do not form in this new tissue; on the other hand, those that do exist are apt to be obliterated. This necrosis is due to several causes, of which, perhaps, the most potent is the destructive action of the substances produced by the

(1) Bowditch: Fifth Annual Report of the Trustees of the Mass. State Sanatorium at Rutland.

germs themselves; but it is also thought to be partly due to the absence of blood vessels and the pressure due to the increased number of cells. Whatever be the cause, this is the most common fate of tubercle; and it may take place soon after the invasion or not until months later.

Not until necrosis takes place can we find bacilli in the sputum, although tuberculosis be present; so, if it is practicable to diagnose the disease before this takes place, much valuable time to the patient may be saved; and, if proper treatment be instituted, the danger of reaching the open stage of the disease will be avoided.

The original invasion of the bacilli may be very extensive or very slight. Gradually from this primary focus the surrounding tissue becomes infected; but, no matter how slight or how extensive the process may be the individual tubercles are subjected to the changes above mentioned and the course of the disease and its outcome depend on whether resolution, proliferation or degeneration takes place.

Before entering upon the discussion of the data furnished us by the various methods of examination, it may be well to discuss the subject from a general standpoint.

In examining a patient for the initial lesion of tuberculosis the chest must be bare. The day of examining through shirts, coats, and corsets is past; for, when the examiner can detect the trouble through the clothing, the diagnosis is of little value to the patient. The first changes are so slight that they cannot be detected save by most careful methods; so a bare chest is a necessity.

The chest must be examined systematically. It is not sufficient to listen in one or two places over the anterior portion of the chest, but every inch of lung tissue should be covered.

After examining the apex very carefully, the anterior portion of the chest should be examined by beginning at the sternum and the posterior portion by beginning at the vertebral column. Then, passing out toward the axilla, the examiner should listen in three or four places in each intercostal space, noting whether or not the respiratory murmur is as full and loud as normal; the relative time occupied by inspiration and expiration; the character of the note, whether clear rough, interrupted or harsh; and whether moisture exists. Sometimes this latter shows itself only as a sensation of stickiness, sometimes as a click at the end of inspiration, at other times as fine crepitant rales.

The first instructions to be given a patient, presenting himself for examination are to be perfectly natural and to breathe just as though the examiner were not present and not to take a deep breath until he is told to do so. The method which we often see of the examiner seating himself before the patient and telling him to take a deep breath can not be condemned too strongly; for it often changes the whole picture as revealed through the stethoscope. If moisture be present in small quantities, it will often times be cleared up by this deep inspiration so that it can not be detected again until a considerable time has elapsed. The first examination should be made during quiet respiration. If there is a suspicion of moisture anywhere, but no distinct rales, let the patient cough and follow it by a deep inspiration while the stethoscope is placed over the suspicious spot. If moisture be present the ear will likely detect it.

The findings of the two sides must be compared, remembering the natural differences of the two apices—the vocal fremitus more intense, percussion note duller in quality, higher

in pitch, less intense, the respiratory note exaggerated with expiration prolonged, raised in pitch and somewhat tubular on the right side—due to certain anatomical differences in the lungs and their bronchi. The ability to recognize the slight differences between the two apices is a good preparation for the detection of incipient tuberculosis.

It must be remembered that an apical catarrh, if confined to one side is very suggestive of tuberculosis.

The examiner should bear in mind that he is looking for the changes caused by the presence of a few small tubercles from the size of a millet seed to that of a pea. These may be scattered through the tissue or aggregated; but, however distributed, the changes produced by them will necessarily be slight and detected only by careful, skillful and often times repeated search. He must remember, however, that if he has detected them he has saved a life, provided the proper treatment is at once instituted.

There are certain sources of error besides the natural differences of the apices that are likely to confuse the examiner unless he be on his guard. Sometimes there is a slipping of a tendon beneath the scapula with each respiratory movement of the chest, which produces a sound not unlike a crepitation produced in the chest itself. That this is due to the tendon, can be proven by raising and lowering the shoulder while the patient ceases breathing. Leyden¹ calls attention to a sound simulating crepitation that is produced by the stethoscope rubbing on the clavicle.

We hear quite a little about the "pretubercular stage." I believe this to be a misnomer. Patients are either

tuberculous or not, and as we become better able to detect the incipient stage of the disease, we find that the period shortly after the invasion of the bacillus, seems to correspond with that designated as pretuberculous, and, when by improved methods of examination, we are able to designate the prebacillary stage alone as incipient tuberculosis, the name pretubercular will fade from use.

With this brief review of pathology and these general remarks upon the method of examination, let us now proceed to interpret the pathological condition attendant upon incipient pulmonary tuberculosis by the physical signs and clinical symptoms present.

PALPATION. In the very earliest stage of tuberculosis, we would not expect much help from this measure in detecting increased fremitus unless the invasion were extensive and the individual tubercles were very close together, in which case we would have an increase in the vocal fremitus; but, with scattered tubercles, this sign would be negative or very slight. However, by placing the hands over the affected part we can sometimes detect a lessening of the respiratory excursion. This defective expansion is of great importance, especially if accompanied by other physical or clinical symptoms. Anders² says of it: "I regard defective expansion at or a little below one apex as profoundly significant, particularly if observed in the infraclavicular space, and in some of my cases 'lagging' was the first and for a considerable period of time the only recognizable physical sign."

PERCUSSION. The same can be said of percussion as of palpation. In the majority of cases this measure

¹Leyden: Ueber die Fruchtdiagnose der Lungentuberculose. Die Lungentuberculose in ihren Anfangsstadien. Redigirt von Dr. Schaper. Berlin, 1900, S. 79.

²Anders: "The Diagnosis and Treatment of the Prebacillary Stage of Pulmonary Tuberculosis," Journal of the American Med. Assn., Jan. 12, 1901, p. 74.

gives us absolutely negative results; but, at times, through it, we obtain very valuable information. Unless the crop of tubercles were quite dense there would be no marked dullness of the percussion note in the beginning of tuberculosis, although the resonance might be somewhat impaired and the pitch of the note be somewhat higher than normal. In fact, the man who aspires to be able to diagnose incipient tuberculosis, must learn to look only for little things. Some times we are able to elicit a note which approaches the tympanitic in quality. This is due to an impaired elasticity of the underlying pulmonary tissue and caused by the deposit of tubercles, here and there changing the normal consistency of the lung.

AUSCULTATION. Auscultation requires the most care and the greatest skill of all procedures in pulmonary diagnosis. Corresponding with its difficulty and proportionate with the skill used is the value of the information which it gives. In incipient pulmonary tuberculosis the slight changes are detected more readily by auscultation than by any other procedure. When we recall the pathology of this early stage, the slightness of the auscultatory signs is self-evident. A few scattered tubercles produce little more than a slight local hyperaemia with an encroachment on the air-conducting tubes; and, the signs heard upon auscultation depend upon the degree of hyperaemia and encroachment present, and will be slight or more manifest according as the lung tissue is invaded by few or many tubercles and as they are scattered or massed together. This hyperaemia interferes with the normal elasticity of the lung, causes a narrowing of the lumen of the air passages, prevents the normal aeration

of the part and thus causes the so-called "lagging." It also accounts for the diminished respiratory murmur which is one of the earliest signs of the incipient stage. The pitch of this diminished murmur is also slightly higher than normal because of the relative diminution of air space to solid material. It may also be accompanied by a slight roughness due to the increased flow of blood to the part and the constriction of the bronchioles by the projection of tubercles into their lumina. This same outgrowth of tubercles into the lumen may interfere with the simultaneous filling of the air cells and thus cause an interrupted, jerky, breath sound which we sometimes find present. Consequent upon this irritation and the increased flow of blood to the part, there is a slight exudation of moisture into the air passages which shows itself as a sensation of stickiness or as fine crepitations. This sensation of stickiness or these crepitations must not be expected to be found in large areas. They may be heard only in one small spot, and then not until the patient has taken a deep breath preceded by a cough as described above. Sometimes, at this early stage, a mucous click is also heard which, perhaps, is due to mucous collecting at some point of constriction in a bronchiole and emitting the sound as the air passes through. While these departures from the normal sounds, heard on auscultation, are slight; yet, they are sufficient when other possible causes which might produce such slight local disturbances are ruled out, such as enlarged glands and tumors, to diagnose incipient tuberculosis as almost certain; and, this the more certain if clinical symptoms corroborate.

THE CLIMATE OF THE EASTERN FOOTHILLS OF SOUTHERN CALIFORNIA.*

BY DR. C. A. SANBORN, REDLANDS, CALIFORNIA.

Just where the dividing line between the Eastern and Western foothills may be, I know not! We will, however, choose to draw an imaginary line beginning at the mouth of Cajon Pass and encircling the east San Bernardino Valley, taking in Riverside just across the divide, the city of San Bernardino, Highlands, Redlands and Colton to the mouth of San Timoteo Canyon. Extending this line east we reach Beaumont, Banning, Palm Springs and Indio. Except for the coast climate we have every variety, from that on the desert, below sea level, to any altitude up to ten thousand feet.

When I asked one whom we consider authority on climate, what he thought of Southern California, he answered, "What has been said of Florida is true of Southern California." It seems to me that this is too much the idea of many, and it is erroneous.

On May 1st, a physician in San Francisco wrote to know if his patient could no longer endure the heat in the South, and whether he had not better request him to return home! A physician in Pittsburgh thinks a longer stay for his patient "will undo all the good which the winter months have brought about."

The fact is, there are few days in the whole year, too warm to enjoy and thrive in, in this section. It is said there are 320 days of sunshine in the year, the other forty-five covering all weather disagreeable from rain, wind and heat. We do not mention cold, for while it is cool and bracing

through the winter months, the thermometer seldom goes below thirty-two degrees Fahrenheit. During my fifteen years residence and experience in orange growing in Redlands I have never found frozen fruit in my orchard, although ice often forms to the thickness of a third of an inch. The explanation of this fact is probably due to the currents of air and to the fact that the cold is of short duration, in early morning—the coldest time being just before sunrise.

What I may say of Redlands, which I choose, as the center of the region to which I desire to call attention is in a measure true of all the towns in this end of the valley, climatic conditions varying somewhat with altitude and exposure. The average altitude of Redlands is twelve hundred feet, the valley at this point being about six miles wide. On the north standing like giant sentinels and a present snow-capped, are the peaks of the San Bernardino range, having altitudes of from 8000 to 11,500 feet, the ventilation being through canyons opening onto the Mojave and Colorado Deserts. These mountains form a three-quarter circle, the range on the north extending to the sea, that on the south breaking into irregular and isolated low peaks which trend, toward the South, to Riverside and beyond, while on the other side of this gap, low peaks form an uninterrupted chain toward the sea. Between the high mountains on the north and the low ones on the South, coming during the summer, our trade wind rushing into the vacuum caused by

*Read before the American Climatological Association at its session in Los Angeles, 1903.

the intense heat on the desert during the day returned over mountains sufficiently high to cool the nights. Thus the majority of days are rendered cool during the summer months, and the nights almost invariably so.

The average temperature for the past three years, of the four months exhibiting the greatest extremes of heat and cold, is as follows:

For the month of January: Mean temperature, 62 degrees; mean minimum temperature, 40 degrees; relative mean humidity, 55 per cent.

February: Mean Maximum temperature, about 69 degrees; mean minimum temperature, 42 degrees; relative mean humidity, 60 per cent.

July: Mean Maximum temperature, about 95 degrees; mean minimum temperature 59 degrees; relative mean humidity 53 per cent.

August: Mean maximum temperature, about 91 degrees; mean minimum temperature, 58 degrees; relative mean humidity, 55 per cent.

I dare say many of you are expecting me to recommend this climate of the eastern foothills as one especially adapted for tuberculous troubles. Patients with pulmonary lesion, not far advanced, do well in this climate—especially in that part of the valley where orange growing and the consequent dampness from irrigation does not prevail. Just here I should mention the irritation to the respiratory tract brought about by the extensive use of commercial fertilizer. A prevalence of tonsillitis and pharyngitis among old and young, has been quite noticeable, occurring at the time of the spreading of this necessary adjunct, to the production of our citrus fruits.

Physicians must not expect that

climate and climate alone can bring back to health patients having tubercular lesions. An out of door life, however, in this nearly perfect climate, may in some instances revolutionize a patient's physical condition. With climate there must be conditions to promote contentment. Some slight occupation, as soon as strength permits, should be taken up. The patient with means, has the advantage over one who is less fortunate in this world's goods, as he can have the supervision of an orange ranch, or some equally pleasant and profitable occupation. I cannot emphasize too strongly, the necessity of contentment of mind for the health seeker. This can be accomplished only by employment.

I am often asked what causes the nervous troubles which are prone to prevail in Southern California! There are many factors entering into the causation of this increasing tendency of both sexes toward nervousness. North winds and altitude are not alone responsible for these conditions. Continued eye-strain, from a succession of bright days, without proper protection for the eyes, causing headaches, predisposes not only invalids, but healthy persons to nerve exhaustion. But nostalgia is probably the most important factor. However much the sun's rays may irritate the eyes and burn the skin, they do not relax the nervous system as much as the sultry summer atmosphere of the East.

It is not my purpose to defend our climate or to apologize for its few drawbacks. All things considered, we have here in these eastern foothills as nearly a perfect climate as can be found anywhere.

As Southern California grows, conditions for recreation and content-

ment multiply, and it is my firm belief that in the near future nervous troubles will be less and less prevalent.

With such a climate, and with the class of people who are coming here, to make their homes, we ought to produce the ideal race, mentally, morally and physically.

Every detail for the best physical

and mental development of the child should be carefully looked after. There should be proper food, proper clothing and a school year regulated with some regard to climatic conditions. As the child is father of the man, so our children, offspring as many of them are, of semi-invalid parents, should be carefully nurtured and all hygienic measures faithfully pursued.

AN APPRECIATION OF GEORGE S. HULL, M. D.

BY MRS. ROBERT J. BURDETTE, PASADENA, CAL.

The life of a God-directed man has gone from us, but with Ruskin I ask: "Why should we wear black for the guests of God?" With a joy that is



GEORGE S. HULL, M.D.

born only of the Eternal Hope, I take my pen to write briefly of one who was my friend, teacher, physician. Friend, because he was so capable of

that "greatest bond in the world": teacher, because it was one of his pleasures, as well as a self-imposed duty, to continually give to others some of the things which the great Teacher had especially revealed to him; and physician, because progressive science found in his trained mind the custodian of knowledge of our two most precious senses, and with ear and eye we bless God for this, His gift to humanity.

George Shriner Hull was born in Chambersburg, Pennsylvania, in 1853. In this beautiful and historic Cumberland Valley he passed the years of his boyhood, an active out-of-doors boy, with an intense and intelligent love of nature and life that was one of his most striking and attractive characteristics all his days. His people were members of the Lutheran church, and it was a heart-longing of his mother, a most devout woman, to see George enter the ministry of that church. And this was the plan of life mapped out for him, even in his infancy. But when he was a child of five years, the Confederate General McCausland one of the commanders in the Early raid, entered the city of Chambersburg and demanded a ransom of \$200,000 in gold. The patriots were not for sale, and the Confederates burned the town,

entailing a destruction of property to the value of five times the tribute demanded. The Hull family were among the sufferers, their property was destroyed, and in the subsequent struggle with poverty thus enforced by the barbarity of war, the plans for the boy were changed, rather than abandoned. For, while he never preached from the pulpit of any church, his life was one great sermon of truth and courage and good cheer. It was determined that he should go into business, and with this end in view, he studied pharmacy, entering the Philadelphia College of Pharmacy. He was an eager student, very conscientious, and with that innate "why?" in his nature that carried him constantly outside the text books and led him more and more deeply into the ways of the faithful truth seeker. Temperament, taste and study alike drew him away from commercialism and toward the professional life. When therefore, he graduated from the College of Pharmacy, his next step was for him the perfectly natural one—he entered the medical department of the University of Pennsylvania. He gave promise of his future greatness, even in his undergraduate years. He was an honor man in his class and stepped at once from the college into the Philadelphia Hospital, where for several years he was resident physician. He returned to his home in Chambersburg and entered upon the general practice of medicine, in which he was eminently successful. Failing health compelled him to cease his active practice and go abroad. But always he was the student, and in pursuance of a determination to enter upon special lines of work, he occupied his year of rest by studying the diseases of the eye, ear and nose, under eminent specialists in Paris, Berlin and Vienna. Returning home, however, he once more took up gen-

eral practice. Again his health failed, and in 1895 he came with his family to Pasadena. He builded a charming home on Los Robles avenue, and on the lot adjoining he erected a model office building with a home-like exterior, a cosy reception room that was more library than "official," a most thoroughly appointed operating and consulting room, and private offices.

Dr. Hull's reputation in professional circles had preceded him and the profound knowledge and wondrous scientific skill of the physician—oculist drew patients to his doors from near and far. His practice rapidly grew beyond his strength, which he daily overtaxed in his devotion to the duties of his profession, which were always supreme with him. Combined with his eminent professional qualifications, the refined culture of the man's mind in general lines, and his rare social qualities attracted to him a circle of choice friends who admired him for his great worth and loved him for himself.

He united with the First Presbyterian Church of Pasadena, and was an active church member; always present and always heard in the devotional meetings of the church; a right hand to his pastor, a model superintendent of the Sabbath school. The religion that he taught and loved was attractive by the very sweetness of its truth. In his home, there was never a husband more lovingly loyal and tender, never a father more devoted and loving in his companionship with his children.

More than once his failing strength compelled him to seek renewal of health by short periods of rest. Occasionally he broke down completely, but his indomitable will and serene courage, more than his physical strength, again and again brought him back to his life-work. About last midwinter an attack of pneumonia

prostrated him, and for a long time he was confined to his bed. After weary months he began to recover; his strength returned until he could take drives about the city and receive his friends. His improvement in the case of his primary trouble—nervous asthma, a result of overwork—was especially noticeable. He planned a return to Mount Alverno, Mrs. Hull's old home, near Philadelphia, and was buoyantly eager to begin the journey. But only a few days prior to the time set for this journey, there came a relapse, and he made ready for the longer journey which each takes alone. He passed away in the first watch of the morning of August 29th. Gathered around him were his devoted wife and the four children, Ida, Howard, Margaret and Marion. His body was taken East on the journey he had planned before the closing days, and the family will make their home at Mount Alverno.

"Death is another life. We bow our heads
At going out, we think, and enter straight
Another golden chamber of the King's,
Larger than this we leave, and lovelier."

When Dr. Hull fell asleep it was an hour of peace. "In the infinite shadows of heaven blossomed the midnight stars, the forget-me-nots of the angels." A new day was registered on the calendar of time. Tomorrow, that never comes to earth, dawned for him. The long, brave struggle with pain and weakness ended in glad shouts of deliverance—in songs of triumph. In his Master's name, by the grace of learning and science, he had fought pain and death, and the shapes of foul disease that mar the beautiful creation of God. In the spirit of his Master, for-

getting his own needs, his own weakness, his own afflictions, day after busy day he had ministered to others. As the sick and the suffering, and the helpless had thronged to his Master, crying for help, so came they to this disciple and he, in the great unselfishness of his heart, gave his health, his strength, his life for the health and the comfort of those who came to him. Side by side in the ministry of his life, walked the angel of Truth and the Spirit of Science. His marvellous courage was never that of forced resignation to an inevitable fate, it was the glorious, cheery, radiant hope of better things. In all the intimacy of our friendship I never heard one word of complaint from him.

In the words of one who loved him, and knew him well, and who paid a friend's tribute at his funeral service:

"Oh brave, true heart! Oh, patient, loving, helpful life! Great in the might of gentleness, how mightily was Christ magnified in thy dying body—how gloriously magnified in thy triumphant death. We thank God for the beautiful ministry of thy life—we thank Him for the sweet benediction of thy friendship—we thank God for the inspiration of thy courage, for the example of thy gentleness, for the blessed memory of the peace of and the glory of thy 'entering into rest!'"

Sunnycrest, Orange Grove avenue.

The Democrats of Los Angeles county have nominated for Coroner, Dr. M. R. Toland of Pomona. While we have no idea that Dr. Toland will overcome the 4000 Republican majority—especially when pitted against a popular man like Dr. J. H. Trout—yet no person will gainsay the fact that our Pomona friend would make a most excellent official.

FROM THE PATIENT'S POINT OF VIEW.

BY AN IDYLLWILD PATIENT. IDYLLWILD IS HUMOROUSLY DESCRIBED.

Riverside County, Cal.

I did not write at once not having felt quite well; the long dusty journey, the heat and change are apt to upset one a little. If the managers had only contrived to have the people take the journey after they had been here a few weeks, it might almost be a pleasure. I feel sure it might have been arranged in this upside down country.

I am going to answer your questions at once, for I am sure you are very curious to hear about this unique place.

Now don't suppose for a moment that we have any sick people at our sanatorium. We are all here because we want a rest, or have a slight bronchial affection, or because we caught cold in the severe weather of the East, and don't seem to be able to get rid of it easily. But let me say right here that you cannot keep your cold at Idyllwild. There is a quality in the air that absorbs colds. You cannot hold onto yours, try as you will. It will slip away from you gradually just as your fever will. And after all the blissful excitement you had in discussing 103 temperature with your next door neighbor, it will seem very tame when you cannot do better than 99.2.

You did not come up here as a patient, of course not. You came to spend a pleasant summer. And when our smiling doctor appears and suggests that you be examined, you assure him there is nothing the matter. He understands that perfectly, but it is a rule of the sanatorium. They like to keep a description of the summer guests, you know, so they can be recognized when met at Saratoga or Newport.

We are very fond of our sanatorium doctor, he has a charming manner

and a most persuasive tongue. Half an hour's conversation with him, and you are ready to sleep outdoors with the thermometer hovering about zero, swallow a dozen raw eggs before breakfast, and go to bed at sundown, although you have been accustomed to sitting up late all your life. He will regulate your medicine, your diet and your exercise. Even tell you what color of gown to choose as most soothing to the nervous system. If you are a blond and he suggests blue, you don't doubt his skill for a moment.

Think of the real rest in having every item thought out for you. One really doesn't need brains at all at the sanatorium. The only thing I have found very necessary is a good digestion.

Do we have fogs? Oh, no. We have something that is suspiciously like one but it is only a cloud. I recollect one cloudy night making one of a long line of anxious-eyed women in front of the doctor's office, all wanting to be told at once what they could do about sleeping in a tent in the wet. "There is no need for alarm, you will not catch cold," says the doctor. And you go contentedly to your tent with your bronchial affection, and sleep peacefully with the water occasionally dripping on your face through the canvas. You wake refreshed and with a feeling that someone has been pumping vasaline down your throat all night. Oh, fogs are rather an advantage at Idyllwild.

Idyllwild is a beautiful place. The sanatorium among huge pines and oaks with pretty tents dotted here and there. No roughing it in this part of the world. My tent has a stationary washstand, hot and cold water, an electric bell, dainty, comfortable white bed, and the prettiest blue gowned,

white-capped nurse to bring me my breakfast when I feel lazy. Even Tropen, a horrible meat preparation, doesn't seem so bad when served on a dainty tray with wild flowers.

As for the table here, one can get anything from health food to terrapin and brandy peaches. However, one doesn't always select one's food. One asks what is best, and it is gravely and courteously explained to you why five teaspoonfuls of grapenuts are better than 5 teaspoonfuls of germea. While our neighbor is told three and a half teaspoons of granose flakes are best suited to her digestive organs.

There is a sort of Rustic Hotel not far from here where just ordinary people go. Where one must decide for oneself what and when to eat, and think up one's own amusements and entertainments for the whole twenty-four hours. Think of the fatigue of such a life. As I lie at ease on my wicker couch and down quilt with plenty of pillows, a glass of hot milk and a tray near me, and the comforting knowledge that I am to breathe just so many times in a given number of minutes I pity those poor silly persons who spend hours hitting wildly at a ball (you observe I don't say hitting a ball), making themselves hot, dusty and tired under the delusion that they are hardening their muscle.

We don't want muscle at Idyllwild we want fat, and we get it. There is one thing you always do and that is to gain flesh. Don't come to us and expect to retain your slender waist and delicate limbs. You are bound to get fat, fatter, fattest. That is if you are willing to be a stuffed goose for a few minutes. You probably will not feel very unnatural. And the seven glasses of milk, a dozen eggs, and several doses of Tropen, besides the ordinary three genuine meals, is nothing unusual for an Idyllwild appetite. I am constantly reminded at the

sanatorium of a nest of young robins with their mouths open and the nurses and waitresses rushing hurriedly around in search of worms.

We have our amusements at Idyllwild, plenty of them. A billiard table, tennis court, bowling alley; and if the guests prefer four back to ten pins it's nobody's affair; and, then, four back requires skill, and it is skill we prize at the sanatorium.

We have a ball room also, with a nice floor, and when wax happens to be scarce as is sometimes the case, we use pumice stone and corn starch, and you would be surprised how slippery it makes it. We dance if we wish, apprehensively at first, with a glance around to be sure the doctor is not about, but after a trial or two I have found my temperature go down as my pleasure goes up. This might not happen lower down, but an altitude is responsible for many queer things.

Horse-back riding is greatly enjoyed, and there are horses to suit everyone. Horses for people who never had bronchial affection, horses for people whose bronchial affection has been cured, and horses for those whose bronchial affection still lingers. The animals understand perfectly, and their gait is suited to the lung power of the rider.

Of course we have the regulation Inspiration Point, Lover's Lane and Eagle Rock to go to, and as each new guest wants to see it all, and each old guest wants to witness the enthusiasm of the new ones there is always enough to make up a party.

I had an adventure last night that is worth telling you about. I was peacefully sleeping in my tent when I was suddenly awakened by an awful sound. I thought it was Gabriel's trumpet at first, and this delusion was strengthened by the fact that I was sleeping under six blankets, a dozen quilts and a shawl. As I struggled to get my head from under the covers I

felt as though they had buried me very deep. (I might add that I had a flannel night dress on, elderdown sacque, and a hot water bag also. The nights are sometimes chilly at Idyllwild.) Well, when I was sufficiently awake to know I was still on this earth, I was still more puzzled. Ah ah! What was that horrible sound? Oh! I knew, I knew, and I immediately flew into a panic. (It is always best to have your panic first and then find out afterwards whether there is any cause for it, otherwise you would often be deprived of the panic altogether.) I had been told that in case of a forest fire the steam whistle in the powerhouse would blow. It was a forest fire. I felt hot already, and began to rush wildly about getting my valuables together. But as I looked out of my tent no white robed individuals were rushing from the Sanatorium. I did not smell smoke. Everything was as quiet as usual. Was I the only one who knew of this terrible calamity, and would I be obliged to arouse the house? Just then my attention was attracted to the other side of my tent, and I saw

the whistle. It had its ears back and its mouth open—it was singing. I must confess I felt relieved. I was neither to be buried nor burned. But if I had had a shot gun there might have been one less donkey at Idyllwild. There were a dozen of them, and they sang solos and occasionally a duet at intervals of perhaps an hour all night. It is needless to say my sleep was disturbed.

I have been invited many times since I came West. "To come to the mountains, live with nature and renew my youth," and I have accepted the invitations; but, alas I have found ants, flies, poor food and a hard bed. Living with nature has so far been anything but a pleasure.

It is very different at Idyllwild, here we have electric light, porcelain bath tubs, soft beds and excellent service. All the comforts of civilization together with babbling brooks, whispering pines and mountain air.

Don't expect me home soon, I am having the time of my life. Living close to nature with my hands manicured and my dinner served in courses.—L. T. H. in Pasadena Daily News.

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD, M.D., LOS ANGELES.

MESSAGE OF THE BREASTS DURING LACTATION.

(Amer. Jour. of Obis., June, 1902.)

Dr. C. S. Bacon. It was formerly supposed that mastitis was caused by retention of milk in the milk ducts. The laity generally believes that "cakes" in the breast are due to curdled milk. These mistaken notions may account for the origin of the practice of the common method of obstetrical massage of rubbing

from the circumference toward the nipple.

Caked or hard breast is due to congestion, where there is no infection and resulting inflammatory area. The proof of this is the fact that the ordinary tender, hardened lumps can be removed by proper massage that empties the blood and lymph vessels and does not evacuate, perhaps a drop of milk. The emptying of these vessels seems the only thing we can

practically accomplish. A review of the anatomy of the breast shows us that massage to empty the overfilled veins and lymphatics should begin with the axillary and subclavian regions. The rubbing should be both superficial and deep and always in the direction of the centrifugal current. Keeping at first to the outside of the breast one gradually gets nearer and nearer to it from the outer and upper sides. At the same time one tries to get under the breast instead of rubbing or grasping the gland itself. After a thorough emptying of the efferent vessels and surrounding tissues, the gland will become quite soft and can then be manipulated itself. The technique is important. It is assumed that the breasts are much distended and very painful, and that the bandage support and perhaps ice applications have been ineffective. The operator should be on the side of the bed opposite the breast to be treated; the patient should lie near the edge of the bed on the side not treated. The best lubricant is clean soap and water. The nurse begins by quietly rubbing and stroking, using the tips of the fingers in a circular motion and up and down in the axilla and under the clavicle. As the surface becomes less tender greater pressure may be applied and the skin moved with the fingers, as in typical deep massage. Longer and longer excursions are made, at the same time the walls of the axillary space, especially the anterior border, can be well kneaded. Soon the nurse is rubbing with one hand along the outer and the other along the upper border of the breast, using not only the tips of the fingers, but also the palms and ulnar edges of the hands and the balls of the thumbs. On account of the position of the patient the breast falls toward the middle line, enabling the nurse to get well in under the

outer border; she also works below the breast with the lower hand and with the upper around toward the inner side. If the manipulation has been painful it is because the pressure has been too great and the advance toward the breast too fast. By this time, ten to twenty minutes, the skin has become loose and the breast soft; it seems to be one-half or one-third emptied; also, perhaps, milk has escaped. The massage may be stopped at this stage, the other breast treated when both will be supported by a suitable bandage. It is sometimes desirable, however, to massage the gland itself to favor the emptying of the veins and lymph vessels of the gland and not the emptying of the milk ducts. It is massaged by a stroking movement of the fingers, toward the nipple, at first very light and later deep and deeper the effort being made to surround lobes. The fingers are carried only to the outer border of the areola, here the centripetal strokings are substituted by a circular rubbing. This massage of the gland is combined with the manipulative outside of the gland previously described.

Massage of the breast is indicated generally in the beginning of lactation only in cases of very painful, distended, non-infected breasts that cannot be relieved by supporting bandages—perhaps not more than one case in five needs it and then only for a day or two. The chief contra-indication is the presence of mastitis. Hence when a chill or fever shows that infection has occurred, it seems advisable to support the breast by bandage, and by ice-bags reduce the congestion and relieve pain.

Dr. J. G. Baird and wife of Riverside were recently in Los Angeles for a few days. Also Dr. W. Warren Fitch of Lompoc.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D. LOS ANGELES, CAL.

THE PREVENTION OF TUBERCULOSIS. Throughout the entire world, at the present time, there is an effort being made to stamp out tuberculosis. In some quarters the activity is much greater than in others, and statistics show that it is in these places where the activity is greatest that the disease is diminishing most rapidly; on the other hand, where the people seem to be least aroused the disease is most frequent. The mortality in St. Petersburg is 4.4 per thousand; in Vienna, 4.3 per thousand; in Berlin, 2.3 per thousand and in London, 1.8 per thousand. By measures which have been carried out in a very lax manner the mortality has been reduced in New York 35 per cent. in the last twelve years; in Berlin, 32 per cent from 1883 to 1894, and in London 35 per cent. in the past forty years. If this much can be done without the help of the people or, we might with truth say, in spite of them, what can we hope for if we have their hearty co-operation?

Prevention must be worked out along several lines. There are two factors which must ever be considered in the prevention of tuberculosis, the bacillus and the resisting power of the patient. Observation seems to show that the bacillus alone is not enough to account for infection but that there must be a lowered resistance also. The bacillus may be present, but if the resistance be normal there is little danger of infection; the resistance may be low, but if there be no bacilli present, there can be no tuberculosis; but, if the bacillus attacks one who is suffering from a lowered resistance then infection is very apt to occur. So while we are

taking measures to destroy sputum and prevent the spread of infection, let us not forget that other factor, the resisting power of the individual to be infected. The clinicians of the world have become intoxicated by the great work which has been done by the bacteriologists and have almost forgotten that their part in the prevention of this dread disease is of as great importance, if not greater than that of the study of the germ.

THE RELATION OF THE DIRT UNDER THE FINGER NAILS OF CHILDREN TO TUBERCULOSIS. The importance of the periods of infancy and early childhood in relation to the infection by the tubercle bacillus has not been sufficiently emphasized. Here we have on the one hand immature tissues, mucous membranes easily penetrated, lymphatic structures which are exceptionally active and easily injured, respiratory and digestive tracts which are prone to inflammations and abrasions; and, on the other hand, a frequent, we might almost say constant exposure to infection. I will not enter into a discussion of this subject here having done so in a previous paper (1), but will call attention to the work done by Preisch and Schuetz (2) in examining the dirt found under the finger nails of children. These experimenters found tubercle bacilli present fourteen times in sixty-six cases examined, or in 21.2 per cent.

These children with infected fingers and finger nails are constantly putting the same into their mouths and

(1) Southern Cal. Practitioner, June, 1902.

(2) Berlin klin. Wochenschrift, May, 19, 1902,

noses and thus carrying infection to the parts most vulnerable. Here we have as ports of entry abrasions of the mucous membrane, carious teeth, tonsils and adenoids; or if the germs are swallowed, they meet a mucous membrane whose surface is often the seat of inflammation and abrasions.

As prophylactic measures the nails should be kept closely trimmed. The floors upon which children are allowed to play should be kept free from contamination. They should not be allowed to play on the floor of rooms occupied by tubercular patients. The floors of the nursery should be covered with some such substance as linoleum or should be of hard wood so that they may be frequently cleaned with antiseptic solutions; but what is of greatest importance as a germicide, the room should be flooded with sunlight. We know that sunlight is a sure germicide and that it will kill all germs exposed to it for a sufficient length of time—from a few moments to several hours, according to the intensity of the rays.

The long dirty finger nails of children, and the long dirty skirts of women which go trailing through the streets wiping up sputum and gathering up the bacillus-laden dust, are two factors which go hand in hand in infecting children with the bacillus tuberculosis.

SANATORIUM TREATMENT OF TUBERCULOSIS. While the sanatorium treatment of tuberculosis is old, yet it is new. The first sanatorium for the treatment of tuberculous diseases was established in England more than a century ago. This institution admitted tubercular individuals only, who were suffering from the disease other than in its pulmonary and laryngeal forms. Since that time

special hospitals have been constructed from time to time for the care of those who were very ill. While the necessity of treatment in special institutions was thus early recognized in England, the establishment of real sanatoria where the disease should be cured in its incipient stage, made little progress in that country up to the present time. Germany is the pioneer country for this line of work. In the sanatorium founded by Brehmer in 1859 the sanatorium work was really put upon a scientific basis. The great impetus to sanatorium treatment was given, however, by the Berlin congress held in 1899. Since that time institutions have sprung up everywhere and today Germany can boast of being the nation most advanced in her tubercular work. In the German empire there are seventy-seven institutions in operation and twenty-five in the course of construction. These are able to accommodate several thousand sufferers annually.

At first these institutions assumed an economic bearing and the main purpose seemed to be to restore the patients to the place where they could earn a livelihood; but now they are on a different basis and the curing of the patient is the aim. As a result the period of time spent in the institution has materially increased. The effecting of a cure in this disease is a matter of a long time. These patients, if the disease has passed the very first stage cannot be cured short of months. Even those in the first stage require from three to four months for cure. A tubercular patient should be told at the beginning of the treatment that it is a matter of months; and unless they are willing to submit to such a course it is useless to begin. With such an understanding at first much disappoint-

ment can be avoided and quicker results can be obtained.

Galbrilowich (1) reports the work done in the sanatorium at Halila, Russia from 1892 to 1901. The report comprised one thousand cases as follows: 122 in the first stage, 720 in the second stage, and 158 in the third stage. The results of treatment were 253 cured, 472 improved and 187 unimproved, and 88 died. The length of treatment was variable. In 229 it extended over the entire year, in 150 the patients were treated only during the summer and in 346 only during the winter. This report seems somewhat disappointing when we think that 85 percent. of the cases were in the first and second stages of the disease. This can be accounted for in part by the fact that the report goes back ten years. Today 25 per cent. of cures in a material with so large a per cent. of early cases would not be very flattering, for under the best treatment nearly all first stage cases should get well and about half of those in the second stage. It is a source of great satisfaction to be able to say so much of a disease which has been looked upon as hopeless until within the last few years.

THE COINCIDENCE OF TUBERCULOSIS AND OTHER DISEASES.—

Bang¹ in a recent work has considered the coincidence of tuberculosis and other diseases. His investigations show the following results:

In disease of the mitral valve 2 per cent are tubercular.

In disease of the aortic valve 10 per cent are tubercular.

In cerebral apoplexy 1.2 per cent. are tubercular.

In softening of the brain 9 per cent. are tubercular.

In diabetes mellitus 18 per cent. are accompanied by active tuberculosis.

In ulceration of the stomach 34 per cent. show active tuberculosis.

In cancer, if the seat of the neoplasm is in the upper part of the alimentary canal, 16.5 per cent. are tubercular; if situated elsewhere 4.75 per cent. are tubercular. In 88 cases of sarcoma not a single case of tuberculosis was found.

The large percentage of cases of tuberculosis found associated with ulcer and cancer of the stomach call our attention to the part played in infection by those diseases which interfere with digestion. Perfect digestion usually means a state of good nutrition and that means a strong resistance to bacterial invasion.

RAILWAY HYGIENE IN ARGENTINE REPUBLIC.—The Minister of Public Works in Argentine has prepared certain regulations looking toward better sanitation in sleeping cars. The regulations govern the building, the material used and the disinfection of the cars when in use, as well as the construction of waiting rooms, etc. The following regulations are of great interest to us and could well be patterned after by countries which claim much greater advancement in civilization.¹

ARTICLE II.

The seats in waiting-rooms shall be made of wood or cane; the use of carpets and curtains shall be strictly forbidden.

ARTICLE IV.

In the dining-halls, etc., the furniture, seats, etc., shall be constructed in such a manner that they can be cleaned by moist cloths.

ARTICLE V.

The use of feather dusters and brooms in cleaning the dining-halls and waiting rooms when they have

(1) *Tuberkuløsens sammentræfmed forskellige andre Sygdomme*, Kopenhagen, 1901.

been used by the public is positively forbidden; for cleaning the train steps water mixed with some antiseptic solution must be used.

ARTICLE VI.

Large cuspidors containing some antiseptic solution must be placed in all waiting-rooms, dining-rooms, on the train platforms, etc.

ARTICLE VIII.

In all rooms frequented by the public, cards with the following inscription shall be posted: "IN THE INTEREST OF THE PUBLIC HEALTH YOU ARE REQUESTED TO EXPECTORATE ONLY IN THE CUSPIDORS."

ARTICLE XVIII.

In all passenger coaches cuspidors containing carbolic solution shall be placed in the proportion of one cuspidor to ten seats.

ARTICLE XXXIX.

In the sleeping cars and at the side of every berth, cuspidors containing an antiseptic solution which can be changed en route, must be placed. The cuspidors must be made of metal so that they may be cleansed with hot water.

"TUBERCULOSIS" AND THE CENTRAL INTERNATIONAL BUREAU FOR THE PREVENTION OF CONSUMPTION.—"Tuberculosis is the name of the monthly organ published by the International Bureau for the Prevention of Consumption. The first volume appeared in April of this year. It is the purpose of the International Bureau to keep the world posted in regard to the work that is being done in the different countries to check the ravages of consumption; and, all who are interested in the great work can find much that is valuable in this little journal. The articles appear in three languages; either German, French or English.

To give an idea of the committee and its work I will quote from the constitution:

ARTICLE II.

The central office has ordinary members, corresponding members and honorary members.

The duties of the corresponding members are confined to keeping the central office continually informed of the state of the movement for the combatting of tuberculosis within the spheres of observation assigned to them.

ARTICLE III.

The ordinary members are appointed by the central anti-tuberculosis organs at home and abroad, affiliated with the central office.

Each country has at least two members. Countries with more than ten millions of inhabitants have one member for each five millions over and above that number, but the total number of members for one country must not exceed five.

A union of States is regarded as one country.

ARTICLE XV.

The central international office for the prevention of consumption pursues its purposes.

1. By continually collecting all news relating to the international conflict with tuberculosis in all countries.

2. By collecting the whole literature of the subject.

3. By answering questions coming from parties who have a right to ask them.

4. By suitable petitions in authoritative quarters.

5. By other suggestions relative to the international combatting of tuberculosis, especially as regards investigations, the publication of essays and the arranging of lectures and meetings.

6. By publishing a periodical to be sent free of charge to all members, reporting on the work done by the central office, and discussing all subjects of interest in connection with the international combatting of tuberculosis.

ARTICLE XVI.

So long as the central international office for the Prevention of Consumption has no adequate funds of its own the expense of its administration are defrayed by the German Central Committee for the Establishment of Sanatoria for Consumptives.

Article XVI shows the earnestness with which the medical profession of Germany has taken up the fight against tuberculosis. They are so positive of the righteousness of their cause that they are willing to help others and if necessary to bear the expense of so doing until they can receive outside help. It is to be hoped that all nations will join heartily in this movement; for by a united effort much more can be done than by nations acting singly. Great good will undoubtedly come from the International Central Bureau and every member of the medical profession should feel proud that he is a member of a profession whose privilege it is to check the world's greatest enemy; and this pride should not stop in feeling, but should result in acting.

THE LUNG-EATERS.

(With apologies to Tennyson.)

"Courage!" he said, and pointed down the throat
That yawned propitious to the balmy gale,
And in a trice each landed with the mote
Of dust on which he'd ridden; some were pale

With long endured fasting, yet the tale

Of all the heroic band was found complete.

"Behold!" he cried, "an Eden! Here no trail

Of serpent antiseptic shall ye meet!
Rest ye, nor dream ye e'er have roamed the dusty street."

2.

Upon the blooming tissue then they sate

And gazed around them with abstraction's eye,

Until some of the Lotus petal ate
And deeply swore that here they'd live and die,

For pleasant was the flavour. With a sigh

The leader wrapped him in a coat of fat

The business of a Tubercle to ply,
And when the rest beheld what he was at

They gnashed their teeth and did the same. Wise Bacilli!

At the Los Angeles County Republican Convention there was an interesting, friendly contest for the nomination for Coroner. The candidates were Dr. W. M. Johnston of Los Angeles, Dr. E. Henderson of Pomona and Dr. J. H. Trout of Los Angeles. On the first ballot Dr. Trout was considerably in the lead, and before another ballot could be taken Dr. Henderson and Dr. Johnston each gracefully withdrew in favor of Dr. Trout, and the latter's nomination was made unanimous. Either of these gentlemen would make an excellent Coroner, and their friends all feel proud of the gentlemanly way in which each conducted his respective campaign.

Dr. Rachel F. Reid of Pasadena has been spending her vacation tenting at Long Beach and Avalon.

NURSES' DIRECTORY.

MISS JOSEPHINE McKAY.

2711 E. Third St. Phone Park 421.

MISS MARY J. AINSWORTH.

(Masseuse)

1055 W. 35th. Tel. Blue 2851.

MRS. B. C. TERHUNE.

366 Edgeware Road. Tel. Brown 336.

MISS IDA M. EHRMAN.

1947 Estrella Avenue. Phone Blue 616.

MISS EVA G. BURTON.

201 W. 27th. Tel. White 981.

MISS KATHERINE CAMERON.

(Graduate Grace Hospital, Detroit.)

395 Grand Ave., Pasadena. Tel. Black 471.

MISS J. A. KINNEY.

1337 South Flower St. Tel. Blue 2491.

MISS LAWSON.

(Graduate Nurse.)

Tel. White 1451. 623 W. Fifteenth St.

MINNIE M. GREGG.

(Trained Nurse.) 1018 W. Eighth St.

GINERVA INMAN.

Graduate Nurse.

315 W. Sixth St. Los Angeles, Cal.
Phone M. 607.

MISS PURDUM.

Graduate California Hospital.

Tel. White 2801. Residence, 1708 Grand Ave.

MISS M. A. CRAWFORD.

Nurse.

Tel. Main 912. 1417 Pleasant St.

MISS ADA W. DAKIN.

Graduate Nurse California Hospital.

Telephone Blue 5465. Res. 2704 South Main.

MISS LILLIAN SIMPSON.

Graduate California Hospital.

Telephone White 3656. 1236 W. 22d St.

MISS H. TOLLAN.

Graduate California Hospital.

Telephone John 1066.

The Munroe, 411 W. 2nd St., Los Angeles, Cal.

H. H. JAMES.

Late of St. Lukes Hospital, New York.
Pennsylvania Hospital, Philadelphia, Pa.
Tel. Green 982. 430½ S. Broadway.

MISS ALTHEA F. CLARK.

(Graduate of California Hospital.)

145 W. 17th. St., Phone Blue 9524.

MRS. MARY A. BRAME.

Graduate Nurse California Hospital.

315 West Sixth St., Los Angeles.
Telephone Main 607.

MISS FLORENCE MILLER

Graduate California Hospital.

215 W. 16th St. Tel. Blue 4661.
Telephone Main 79.

JOSEPH D. WYATT

NURSE.

Special Experience in Nursing in Diseases of
Mind and Nervous System.
537 Orange Grove Ave. Pasadena Cal.

THOMAS CHARLES HERBST

(Nurse, 20 years experience.)

Room 10-119-¼ W. 1st St.

or

Ring up Giese's Drug Store, Brown 310.

MRS. F. M. LEGGETT.

(Graduate New Haven Training School.)

436 S. Hill St. Tel. Main 1384.

KATHARINE B. SULLIVAN.

Graduate Nurse.

Tel. Main 607. Res. 315 W. 6th, Los Angeles.

BEATRICE READ.

(Graduate of Fabiola Hospital, Oakland.)

28 Temple St. Tel. Red 46.

MISS A. SLAUGHTER.

Trained Nurse.

Convalescent Home, 2638 Grand Ave.,
Telephone Blue 1046.

ROBERT S. TORREY.

NURSE.

Residence 259 Ave. 23. Tel. Alta 11.

MISS LINDA C. HARRIS.

Graduate Lake Side Hospital Training School,
Chicago, '95.

Phone John 221. The Colonade,
330 South Hill St.

MISS SAX.

Graduate California Hospital.

Tel. White 2801. Residence, 1708 Grand Ave.

MISS M. J. HOAGLAND.

Graduate Nurse

Of Bellevue Training School, N. Y.

Tel. Main 792. 312 W. 7th St., Los Angeles.

T. L. JONES.

Professional Nurse and Masseur.

Y. M. C. A. Room 23, 209 S. Broadway, L. A.
Tel., Day, Main 963. Night and Sun., M. 809.

MISS SERGEANT.

Graduate of California Hospital.

2808 South Hope Street, Los Angeles, Cal.
Telephone White 576.

MISS SARA BOYER.

Graduate California Hospital.

Phone Jefferson 5815.

Res. 833 W. Ninth St. Los Angeles.

MISS JEAN J. FALCONER.

Trained Nurse.

Graduate of Salem Hospital, Salem, Mass.
Tel. Red 481. 912 W. Fifth Street.

MISS C. B. HEAPS.

Graduate of California Hospital.

Hotel Clarendon. Tel. Red 3851.

MISS POTSCHERNICK.

Graduate Nurse.

Tel. Red 4581. Res. 726 S. Hill St.

MISS E. COSTER.

(Graduate Middlesex Hospital, London.)

432 South Main Street. Tel. White 2062.

JESSIE COOPER.

(Graduate Fabiola Hospital, Oakland.)

202 West 27th Street. Tel. Blue 571.

MISS E. P. LEWIS.

(Graduate Nurse.)

Tel. Blue 6408. 1000½ S. Main St.

MISS A. J. GILBERT.

(Graduate Nurse.)

Phone Blue 3576. Res. 1350 Palm St.

MISS MARGARET KOHLER.

(Graduate Nurse.)

Tel. Blue 3576. 1350 Palm St.

MISS R. C. ALBERTS.

Graduate Nurse.

Tel. Blue 541. 632 W. 36th St. Los Angeles.

NURSES' DIRECTORY—(Continued.)

MISS A. WOOD.

Graduate California Hospital,
Tel. James 4391 1559 Shatto St.

MISS EDITH A. JAMES.

(Graduate Nurse California Hospital,
Tel. White 4661. 1622 S. Hill St.

MISS MAUDE KENDALL.

(Graduate Nurse.)
Tel. Blue 5184. 1507 S. Grand Ave.

MISS KERNAGHAN.

(Graduate Nurse California Hospital.)
Tel. West 228,
127 W. 28th St., Los Angeles, Cal.

MRS. E. L. CUTLER.

Graduate Nurse California Hospital.
Tel. White 4661. Res. 1622 S. Hill Street.

EDWARD H. PUPKE

Professional Masseuse, Scientific Massage and
Rubs. Late of Las Vegas Hot Springs.
416 Crocker Street. Los Angeles, Cal.
Tel. Black 4579.

F. S. HARDIN

Professional Masseuse, Massage Under Physi-
cian's Directions. Nine Years' Experience.
1204 W. 22nd Street
'Phone White 9440. Los Angeles, Cal.

ADVERTISEMENTS.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.



A PURE GRAPE JUICE

UNSWEETENED. UNFERMENTED
AND PRESERVED BY CAREFUL
STERILIZATION ONLY. NO ANTI-
FERMENTS USED.

PURITY GUARANTEED
NATURE'S BEST FOOD AND TONIC!

As a beverage **EL VERDE GRAPE JUICE** is delicious and refreshing. As a tonic it is invaluable in convalescence, being rich in nutrition. Put up by **LOUISE CARY SMITH** at the **EL VERDE VINEYARD, POMONA, CAL.**

H. JEVNE, Agent, Los Angeles, Cal.

WHEN FIGHTING

the tedious and long drawn out sequelæ of wasting diseases,

IRON TROPON, a soluble, very palatable Tropon (natural albumen) combined with 2½ per cent of iron, is indicated. It fulfills all the requirements of a tonic food, causes no constipation, and does not affect the teeth. Samples on request.

Representative for California,

R. H. KUHLE,
2458 Steiner St.,
SAN FRANCISCO, CAL

TROPON WORKS

81-83 FULTON STREET,
NEW YORK.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, M.D., Asst. Editor.
DR. H. BERT ELLIS { Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

TO CURE POISON OAK.

Apply a 50 per cent. aqueous solution of ichthyol, using a camel's hair brush and making as black a stain as possible, and getting it quite dry before exposing it to the friction of the clothes. This is recommended by Dr. C. E. Lewis in the New York Medical Journal.

EDITORIAL NOTES.

Dr. W. H. Roberts of Pasadena has gone East on a three months' trip.

Dr. Helen O. Anderson has removed her offices to the Bradbury building.

Dr. R. H. Ward of Troy, N. Y., has been visiting his son at Redlands, Cal.

The engagement is announced of Dr. Alfred Fellows and Miss Henriet Milner.

Dr. A. M. Field of Tulare spent some time professionally in Los Angeles recently.

Dr. H. G. Brainerd has just returned from a five weeks' vacation on Catalina Island.

Dr. D. C. Barber of Los Angeles has been taking a vacation with his family at Idyllwild.

Dr. S. B. P. Knox of Santa Barbara returned recently from a pleasure trip to Alaska.

Dr. Robert Hall of Fresno, accompanied by his family, has been visiting friends in Orange.

Dr. J. C. Solomon and family of Los Angeles spent their vacation at Wheeler Hot Springs.

Dr. J. H. Seymour of Los Angeles has been spending a few weeks in post-graduate work in New York City.

Dr. C. A. Sanborn of Redlands, who has been making an extended European tour, has just arrived at home.

Dr. A. S. Parker of Riverside has been appointed physician in charge of the Sherman Indian School at that place.

Dr. L. D. Bulkley says ichthyol 10 or 15 drops three times daily in capsules, will cure nearly every case of piles.

Dr. T. F. Brown and wife, of 4603 Central avenue, Los Angeles, have just returned home after two weeks at Catalina Island.

Dr. H. S. Gordon and family have moved to Santa Ana and Dr. Violet has located in Westminster as Dr. Gordon's successor

Dr. H. E. Fenner, Southern Pacific chief surgeon at Tucson, spent quite a time recently in Los Angeles, accompanied by his family.

Dr. J. M. Armstrong of Pasadena avenue, Los Angeles, has been, with his family, spending the vacation in the San Gabriel Canyon.

Dr. Norman Bridge has left for the East and will deliver his usual autumnal course of lectures to the students of Rush Medical College.

Dr. O. O. Witherbee, superintendent of the Los Angeles County Hos-

pital has been granted a leave of absence for thirty days, to commence August 30th.

Dr. Henry B. Stehman of Pasadena, formerly medical superintendent of the Presbyterian Hospital, Chicago, has been very ill, but is now convalescent.

The Pacific Hospital has just opened its new department of 75 rooms. Mr. N. M. Eskey, the manager, is to be congratulated upon the remarkably complete equipment of his beautiful building.

Dr. Jonathan Hutchison, who recently returned to England after studying the causes of leprosy in South Africa, concludes that the primary cause of leprosy is the eating of badly cured salt fish. He does not believe that leprosy is infectious or contagious, but holds that it can be communicated by food contaminated by leprous hands.

Dr. Sumner J. Quint has been formally appointed Assistant Health Officer of Los Angeles; he has been acting in this capacity for a year and a half. The ordinance authorizing the appointment of this official was adopted by the Council and became operative July 1st, and the appointment recently made was to conform to the requirements of the ordinance. Dr. Quint has made an ideal official, and we are all glad to see him get the regular appointment.

In the Bulletin of the American Academy of Medicine for August

there is a list of the examinations by the various State boards of examiners during the year 1901: According to this there were only two graduates of the University of Southern California who came up for examination. One came up before the board of examiners of Pennsylvania and passed; another one, who was a graduate of the class of 1896, came up before the examiners of Montana and failed.

Dr. Wm. J. G. Dawson of St. Helena was recently chosen superintendent of the Home for the Feeble Minded at Glen-Ellen. We all know Dr. Dawson as former president of our State Medical Society. A man of education, cool judgment and sympathetic instincts, he is an ideal man for that position, and we trust that this work will be the crowning one of his life; a source of pleasure to himself, benefit to his unfortunate charges, and a benediction to the world.

We have received another application for a physician in a town situated in a section of Southern California where the ranchers and fruit-growers are prosperous, and where, the local druggist says, "the physician could readily make \$1500 to \$2000 per year, and which could be steadily improved upon." He says the nearest physician is 21 miles away. A regular physician is wanted. By addressing this office we will put any person interested in communication with the party.

On the evening of August 23rd the Pasadena Medical Society held what

they called "an open meeting" at Stickney Memorial building. There was a large number in addition to the members of the society present. The event of the evening was a paper by Dr. Clarence John Blake, of Harvard Medical College. His subject was "The Relation of the Medical Profession to Public Welfare." In the course of his very interesting address he said: "The physician of today is becoming more and more of a sociologist and citizen. The hospital is the most absolutely, antiseptically cleanly of all human habitations, 'a repair shop for worn-out human machines.'" In comparing medical science of ten years ago with what it is today he mentioned that "a decade ago the mortality in diphtheria was 55 per cent. as against 7 1-2 per cent. today, due to antitoxine, and this is only one of the multitude of discoveries which make the medical profession one of suffering mankind's greatest benefactors."

The Journal of the American Medical Association says that Dr. George Gear, Secretary of the Board of Examiners of the State of California, reports the examination held at San Francisco August 5th to 7th, as follows:

"Number of subjects examined in.	9
Total number of questions.....	90
Percentage required to pass.....	75
Number examined	46
Number passed	29
Number failed	17

"Of those who passed, one was a graduate of the Jefferson Medical

College, five of the Cooper Medical College, San Francisco; two of the College of Physicians and Surgeons, San Francisco; one of the Medical School of the Northwestern University, Chicago; fifteen of the University of California, San Francisco; one of the Hahnemann Medical College, Chicago; four of the Johns Hopkins University, Baltimore; one of the Harvard Medical School, Boston, and one of the Hahnemann Medical College, Philadelphia.

"Of those who failed, one was a graduate of each of the following institutions: University of California, San Francisco; Cooper Medical College, San Francisco; Barnes Medical College, St. Louis; Baltimore University School of Medicine; Woman's Medical School of the Northwestern University, Chicago; Kansas City Medical College; Kentucky School of Medicine, Louisville; Medical Department University City of New York; St. Louis Medical College; College Physicians and Surgeons, Cincinnati; Ensworth Medical College, St. Joseph, Missouri, and six of those who failed were graduates of the College of Physicians and Surgeons, San Francisco."

Dr. Walter Lindley, Editor Southern California Practitioner, 1414 S. Hope street, Los Angeles, Cal. Dear Doctor: Referring to our previous communications respecting formalin and our claims that apparatus which depend upon the incomplete combustion of wood alcohol for the production of formaldehyde gas are inefficient, we would now state that in a brochure "The Formaldehyde," Dr. Otto Hess, chief physician of the

Medical Clinic of Marburg University, (N. G. Elwert'sche Verlagsbuchhandlung, Marburg, 1901, Second Edition), refers to the many wood alcohol lamps which have been put upon the market and have proved insufficient. We beg to translate the following on page 46:

"The main reason for the failure of these lamps is that they produce too little formaldehyde. According to Strauss and Brochet, one 100 cc. of wood alcohol (undistilled) is changed to formaldehyde by the combustion 30 to 50 per cent. of it being oxidized in carbonic acid and water."

"Another disadvantage of these lamps is the production of carbonic oxide gas, which is created by an incomplete combustion. The quantity of the same is, according to Brochet, 3 to 5 per cent. of the alcohol employed. Such a large quantity of CO gas in the air can produce disagreeable results."

We remain, your truly,

SCHERER & HARTZ

The Fourteenth International Congress of Medicine will be held in Madrid, Spain, from April 23d to 30th, 1903, under the patronage of their Majesties, the King of Spain and the Queen-Mother.

The President of the Congress is Professor Julián Calleja y Sanchez, the General Secretary is Dr. Angel Fernandez-Caro, and the General Treasurer is Professor Jose Gomez Ocana.

The preliminary statements of regulations and programme has just been issued, and it announces that members of the congress will be physicians pharmacists, dentists, veterinary surgeons, and other persons working at branches of medical science, both Spaniards and foreigners, who have entered their names and paid their subscriptions. Other per-

sons, who possess scientific or professional titles, and who wish to take part in the work of the congress may share in it under the above conditions.

The subscription is thirty pesetas, and this sum must be paid before the opening of the congress to the General Secretary, Faculty of Medicine, Madrid. A card of membership will be sent to the subscriber.

Until March 20th, 1903, subscriptions may be paid to the Secretary of the National Committee of the subscriber, but after that date subscriptions must be paid directly to the General Secretary at Madrid.

Members will receive a summary of the proceedings of the congress,

and a full report of the work of the particular section which they join.

The official languages of the congress will be Spanish, French, English, German and Italian.

Papers must be sent to the General Secretary before January 1st, 1903, to be certain of a place in the order of business. Papers presented later will be considered after the discussion of those regularly announced.

Communications should be accompanied by a short abstract, which will be printed and distributed among the members of the congress.

J. H. HUDDLESTON.

Secretary American Committee, 126 West 85th. st., New York City.

BOOK REVIEWS.

The reader is invited to join the "Founders" Club, and to all who order during 1902 the price is \$2, for the first and each succeeding year. It is only requisite that you address the following order to "Advanced Therapeutics," 156 Fifth avenue, New York. Send me until countermanded (to Dec., 1902, free) the journal commencing Jan., 1903, per year \$2, for which I will pay you at the close of the year.

A PHYSICIAN'S PRACTICAL GYNECOLOGY by W. O. Henry, M.D., Omaha, Neb, Professor of Gynecology in the Creighton Medical College. With five full-page illustrations and sixty-one illustrations in the text. The Review Press, Lincoln, Neb., 1902. Price, cloth, \$2.

It is real satisfaction to pick up such a practical work by one of our western teachers. The author starts out right by telling how a physician's office should be fitted up. It is very rarely that we find a work on Gynecology that gives any information on

this important point. In fact, taking the work right through, it is just what a beginning practitioner needs. The text is very plain and concise and the illustrations, while not gorgeous, really illustrate the text.

THE PRINCIPLES AND PRACTICE OF Bandaging by Gwilyn G. Davis, M.D. University of Pennsylvania and Gottingen; member of the Royal College of Surgeons, England; assistant Professor of Applied Anatomy, University of Pennsylvania; Surgeon of the Episcopal, St. Joseph's and Orthopedic Hospitals. Illustrated from original drawings by the author. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1902.

The author says: "Of recent years the prevalence of gauze bandages and their substitution for those of muslin have caused a great deterioration in their application. Many surgeons seem to wind them aimlessly around the part without the faintest idea of order or sequence. It is hardly necessary to say that there is a right way and a wrong way to apply even a gauze bandage."

The illustrations are fine, and this work is particularly suitable for nurses and young practitioners.

VOLUME VIII. PEDIATRICS. EDITED BY W. S. Christopher, M.D., Professor of Pediatrics, Medical Department University of Illinois, with the collaboration of Samuel J. Walker, A.B., M.D., Adjunct Professor of Pediatrics, Medical Department, University of Illinois.

THE PRACTICAL MEDICINE SERIES of Year Books comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School.

ORTHOPEDIC SURGERY. EDITED BY JOHN Ridlon, A.M., M.D., Professor of Orthopedic Surgery, Northwestern University Medical School. Price \$1.25. July, 1902. The Year Book Publishers, 40 Dearborn Street, Chicago.

In the introduction of this useful volume it is said that the present elevation of man over other animals is due chiefly, if not entirely to his lengthened period of plasticity, his prolonged infancy. It becomes the function of pediatrics to make of the given child the strongest possible adult and in this way does pediatrics become the constructive branch of internal medicine.

Pediatrics means literally child treatment or child management. In its more limited sense it means so much of child management, and the data upon which it is based as falls to the lot of the physician, as distinguished from the pedagogue and the moral teacher, but the intellectual and moral aspects of child life are so intertwined with the physical that a fairly extensive knowledge of them is necessary to him who would undertake the direction of the physical life of the child.

GRAYSON'S LARYNGOLOGY: A TREATISE on the Diseases of the Throat, Nose and the associated affections of the Ear. By Charles P. Grayson, M. D., Lecturer on and

Instructor in Laryngology, in the Medical Department, University of Pennsylvania. In one compact volume of 340 pages, with 120 engravings, and 8 colored plates. Cloth, \$3.50, net. Lea Brothers & Co., Philadelphia and New York, 1902.

This is a volume that will prove valuable to anyone who has to treat diseases of the ear, throat and nose, be he a general practitioner or specialist. While it is written by a specialist, yet the author has ever borne in mind that these organs are only a part of the human organism and that diseases formed here are often the local manifestations of a disease either constitutional in its nature or effecting some other organ. Throughout the entire work the close relationship between the ear and nose and throat is everywhere emphasized; and in discussing the pathology and treatment of diseases of the latter, prophylactic measures for the former are always suggested. The intimate relationship is very strongly expressed on page 597. * * * "It may be stated with little fear of contradiction that chronic catarrh of the middle ear is invariably secondary to a similar process in the nose and naso-pharynx."

The author is an optimist in treating catarrhal conditions and shows a hopeful positiveness that can not help inspiring his readers. He believes that too much attention has been paid to the local manifestations at the expense of the underlying constitutional causes, and suggest hygienic living, fresh air, exercise and light diet as valuable prophylactic measures. In local treatment of nasal troubles, the author is conservative and would try palliative measures before those of a radical nature, where there is a chance of them doing good. In methods of examination, he is explicit, even to the smallest detail; in etiology he opens up avenues for

thought and shows the reader the unity of the human organism; and in

treatment he is positive and optimistic. F. M. P.

THERAPEUTICAL HINTS.

Sander's eucalyptol is of immense therapeutic value in the treatment of chest trouble—disorders of respiration.

This is due chiefly to a triplicity of action.

First, it has a soothing and antispasmodic power which is unattended with reaction.

Second, it is antiseptic without exciting any toxic or exothermic influence.

Third, it promotes nutrition of tissues.

Unlike other drugs it goes unchanged and unchallenged to the very cradle of disease—the choking throat, the inflamed organs of respiration, and it soothes the excited system. It is equally useful in inflammation, laryngitis, bronchitis, grippe, asthma, pneumonia and incipient consumption. Best cure is "Nature's way," and Sander's eucalyptol which is, unlike the common products of the eucalyptus found in the market, soothing, germ-destroying, waste-removing and vitalizing, secures rest to the inflamed parts. It is perhaps the more valuable if the chest trouble partakes of a nervous character; a condition of nervous disturbance. Safe, speedy and agreeable, it is a tone invigorant to the respiratory system generally.

It should be inhaled in the following combination:

Rx.

Sander's Eucalyptol, 2 drachms.

Tr. Iodl.

Spir. Chloroform aa 1-2 ounce.

M. 20 drops to a cupful of hot water for each inhalation.

As an intestinal antiseptic in cholera infantum, 1 drop of Sander's eucalyptol to a teaspoonful of mist. cretæ forms an effective prescription; in typhoid fever 10 drops of a 20 per cent. solution of Sander's eucalyptol in a little milk every two hours has proved very beneficial.

Applied locally to inflamed parts, ill-conditioned ulcers, septic wounds, parasitic skin diseases, etc., it exerts the same antiseptic and antiseptic influence. If you are not already acquainted with the remedy, you should get familiar with it for sample and literature. Write to Sander, 88 Broadway, Chicago.

HOW TO SWEEP AN INVALID'S ROOM.—We all know how untidy a sick room becomes, and how annoying the dust of the sweeping is to the patient. "To remedy this," said a trained and capable nurse recently, "I put a little ammonia in a pail of warm water, and with my mop wrung dry as possible, go all over the carpet first. This takes up all the dust, and much of the loose dirt. A broom will take what is too large to adhere to the mop, and raise no dust. With my dust cloth well sprinkled I go over the furniture, and the room is fairly clean."—Doctor's Magazine.

I have used Bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding that a dose of from 15 drops to one drachm to be sufficient, according to age and how often to be repeated. I have combined Bromidia with Papine where I wish to annul pain with excessive nervousness, the



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" France
57-59 PRINCE STREET, NEW YORK

Sold by Leading Druggists Avoid Imitations
Mention this Publication

DIASTALIN

(TRADEMARK)

An ideal digestive agent composed of Pepsin, Caroid, Pancreatin, Diastase, Nux Vomica, Bismuth Subgallate, Willow Charcoal, with Lactic and Hydrochloric Acids.

Diastalin is giving universal satisfaction. A trial will convince you that this combination is infinitely superior to any other that you have ever used. Liberal sample free.

HEMATONE

(TRADEMARK)

A perfect Blood and Nerve Food. It contains in soluble form all the blood-iron albuminates and salts (Hemaglobin, Paraglobulin, Phosphates, etc.) with Hydrastis, Nux Vomica, Hypophosphites, and the Tissue Salts. It is an ideal reconstructant, and will give satisfaction to the most exacting.

ZEMATOL

(TRADEMARK)

GUARANTEED to cure all forms of Eczema, also Tetter or Salt Rheum, Barber's Itch, Varicose, Ulcers, Pruritis Ani or Vulvae, and Ring-worm. Zematol is the most wonderful preparation you ever used. If you doubt it, send us \$2.00 for a pound can, try it, and if you are not satisfied with the results, return the unused portion to us, and we will refund your money.

Zematol contains the Oil of Betula (Russian), Potassium Sozoiodolate, Zinc Oxide (C. P.), Mercury Naphtholate, Ichthyol, Gallanol, and Volatile Oils.

SEND FOR CATALOGUE

CHICAGO PHARMACAL CO.,

TRADE SUPPLIED BY

F. W. BRAUN & CO., LOS ANGELES AND
REDINGTON & CO., SAN FRANCISCO

CHICAGO, ILL.

Satisfactory Results are Obtained when COW'S MILK IS MODIFIED

WITH

ESKAY'S Albumenized FOOD

The following letters from prominent physicians, selected from a large number, speak for themselves:

"I am a believer in Modified Milk, but after much experience, I believe the use of Eskay's Food with the milk is the best way of modifying it."

Dr. — — —, N. Y.

A physician from New England also writes:

"For the past twenty years it has been my habit in infant feeding to use one part cream to seven of sterilized water, adding sugar of milk qs. to taste; this was far superior to anything I could obtain until I began using Eskay's Albumenized Food, which added to cow's milk obviates the necessity of extemporizing as formerly. I have never seen children thrive better than when feeding was restricted to your food alone. Nothing more seemed to be required."

Names of physicians omitted for ethical reasons.

Liberal samples and full clinical reports sent on application.
SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia, Pa.

combination acting very happily also in bladder troubles. I use Bromidia and Papine very much in my family.

CHAS. E. QUETIL, M.D.

Philadelphia, Pa.

SULPHUR FUMIGATION.

Fumigation by sulphur dates back to very ancient times. In Theocritus we read:

"Next with pure sulphur purge the house, and bring
The purest water from the freshest spring;
This mixed with salt and with green olive crown'd,
Will cleanse the late contaminated ground."

In the Odessey of Homer:

"Anon yet spake the chief
To dear nurse Eurycleia: 'Fetch me brimstone,
Sweet'ner of taints, and fetch me fire, old woman!
That I may fumigate the hall;
And straight
She fetched ~~and~~ fire and brimstone, and Odysseus
Right thoroughly fumigated everywhere,
The common, hall, men's room, and all the courts."

—Woman's Medical Journal.

The following refers to a professor of *Materia Medica* in one of the large eastern schools:

Dr. L. B., in opening a small chancre, slightly cut his index finger. The injury was of such small apparent consequence that no attention was given the wound. In two days inoculation was manifest and in four days the entire arm to the axilla was involved. Free incisions were made with little benefit. On the advice of a brother practitioner, Antiphlogistine was applied covering the entire arm. At the end of twelve hours the

dressing was removed and the inflammation had subsided. Antiphlogistine was not again immediately applied, but, the pain returning, hot application of bichloride solution was used, but with no abatement of pain, and the inflammation was again most rapidly assuming control. A second resort to Antiphlogistine was then decided upon with most happy results. The arm again under this treatment assumed its normal condition and all traces of the virus disappeared.—The International Journal of Surgery, May, 1902.

ODDITIES OF THE LANGUAGE.

We'll begin with a box, and the plural is boxes,
But the plural of ox should be oxen, not oxes;
Then one fowl is goose, but two are called geese,
Yet the plural of mouse should never be meese;
You may find a lone mouse or a whole nest of mice,
But the plural of house is houses, not hice;
If the plural of man is always called men,
Why shouldn't the plural of pan be called pen?
The cow in the plural may be cows or kine,
But a cow if repeated is never called kine,
And the plural of vow is vows, never vine.
And if I speak of a foot and you show me your feet,
And I give you a boot would a pair be called beet?
If one is a tooth and a whole set are teeth,
Why shouldn't the plural of booth be called beeth?
If the singular's this and the plural is these,

Should the plural of kiss be nick-	Then masculine pronouns are he, his
named keese?	and him,
Then one may be that and three	But imagine the feminine, she, shis
would be those,	and shim,
Yet hat in the plural would never be	So the English, I think, you all will
hose,	agree,
And the plural of cat is cats, not cose,	Is the dod-rottest language you ever
We speak of a brother, and also of	did see!
brothyon	
But though we say mother, we never	
say methren;	—Cheyenne Sun-Leader.

STRAWBERRY VALLEY LODGE

JUST
ONE MILE
ABOVE
THE SEA

Idyllwild, San Jacinto Mountains,

Riverside County, California

One-half Million Straw-
berry Valley Lodge is the

Idyllwild Sanatorium

With Steam Heat, Electric Light, Resident Physician and Corps of Trained Nurses

Furnished Cottages, \$35 to \$50 per month.

Terms at Sanatorium, \$15 and up per week.

Rates for tents on application.

Take Santa Fe to Hemet.

Address all inquiries to

R. A. LOWE, Mgr.,

FRANK W. CAIN, Camp Supt.

HARVEY G. McNEILL, M. D., Medical Supt.

Idyllwild, Riverside Co., Cal.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, OCTOBER, 1902.

No. 10

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

SOME IDEALS OF THE MEDICAL TEACHER.*

BY JAMES H. MCBRIDE, M.D., LOS ANGELES, DEAN OF THE MEDICAL COLLEGE OF
THE UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CAL.

Though we are here primarily to do honor to one whom we all love, we are also here as college men to further if possible college interests, and I shall while away my fraction of the hour with remarks on the duties and ideals of the medical teacher.

It is, of course, necessary that what I say should point a local moral, but having a fondness for general principles by which subjects are seen in their larger relations, I wish in all I say to consider you as men working in a common cause with medical teachers everywhere, as members of a great fraternity unhindered by distance, nationality or language.

My thanks are first due to you for the position which you have given me. Its usefulness will depend upon my ability to apply its opportunities in practical ways for the good of this college. In administering a trust the man is essentially the position, and so far as results are concerned every station in life is just the size of the man who occupies it. A great place

may be made small if a small man attempts to fill it, and the position of dean of a medical college shrinks to the size of a small personality or expands to the measure of a big one; and if it confers honor upon a man it is because he, having high ideals, lifts the position to their level.

It hardly seems necessary to remind you that medical

EDUCATION IN THE UNITED STATES IS FAR SUPERIOR

to what it was 20 or even 10 years ago. Since the organization of the college association the colleges have approximated in their methods, medical education has been elevated and unified and graduates have been better prepared for practice. In fact higher educational standards will always achieve just this result, for not only will men be better instructed but a better class of men will be attracted. Any college that cares for quality rather than quantity, that cares to send out men who know, and know thoroughly and know in practical

*Remarks at a banquet given to Dr. H. C. Brainerd, the retiring Dean of the Medical Department of the University of Southern California.

ways, the very best that medical science has to give, is a college that will in the long run attract the best men, and through these it will get reputation that will draw numbers as well as character.

With the exception of the position of parent there is no calling in life more serious than that of teacher, none that has in its results more of human destiny. It is a serious thing to be a "grown up," for to be this is to daily influence by example and in other ways the lives of the young. Still more serious is it to be a teacher, for the teacher is an exemplar, he does more than impart knowledge, he trains the faculties and disciplines men in laws, in principles, in methods; he creates enthusiasm, he inspires to achievement, he is a maker of character. The great teachers all through the centuries from

PLATO TO COMENIUS AND MARK HOPKINS

have been primarily character builders; they have brought out the best in others, have helped the weak to be strong, and taught the strong how to add to their strength; they have inspired others to work, and have made actual and effective the potential qualities of character.

I assume that every member of this faculty is a teacher in the best sense, and that every one is a worker, that each one is devoted to the best interests of the college and is determined to give it the very best service he is capable of. I assume that there is no room in Southern California for a second-class medical college, that there is no room in this college for second-class professors, and, if I may be allowed the use of a Hibernianism, that there is still less room in this college for second-class students. The day of the Col. Sellers and the Doc Goodfellows in the medical profession is passed. The doctor of the

future may be a genial man, but primarily he will be a cultured gentleman and a scientific man in the broadest sense, and the time is not far distant when he will be a college graduate before having a medical degree.

The real efficiency of a college is shown in the

CHARACTER OF ITS GRADUATES,

not alone in their medical training, but also in their character as men and citizens. We want to bid for first-class men, men of talent and zeal, men of clean lives and the finest character, and who care to be something besides mere pill peddlers. As each human life is just about what each one aspires to, so every institution becomes what those who shape its affairs strive to make it. Carelessness and laxness in standards, indifferent teaching and commercial ideals will make any medical college common and cheap, an institution the better class of men will avoid. A college that has high standards and does first-class work, that yields to no temptations of commercialism, nor cheapens its work to draw a crowd, will have the only kind of success that wears the name of decency.

To those of you who helped to found

THIS COLLEGE 17 YEARS AGO

the institution does not seem young. It has a good building, one of the best equipped pathological laboratories in the United States. This is no small achievement, for it has meant much self-denial and laborious and unrewarded years to some of you, except the reward of having done a good work. Yet this college is still young, the country itself is young, Southern California is still in its youth; we are in the midst of the tedious and trying process of organizing those social forces that are to

be the foundation of the future. The builders of States are not the great people, they are the humble, honest, unselfish, faithful people who possess in a high degree the elementary and simple qualities of character, honesty, frugality and the like, qualities that are worth more and have been worth more to the race than all art and all science and all learning. And it is primarily these qualities that build institutions like this. We don't need to be great men, but we do need to be men who desire the name and the honor of having a first-class institution.

It behooves us as medical men in Southern California to start with the best, to require as I believe you do, that the members of our faculty rank with those of other faculties, and that our students be men who, when they graduate are equal in requirements to students in any eastern college. Every member of this faculty should be, and I believe is the best equipped man that can be got for his special work, a man who can stand up in any company of his peers and discuss medical subjects to the credit of himself and this college.

To be this and to do this means that every one of us should be a student, that we should be teachable, that we should be growing men. The growing men are the progressive men who have high standards; they are the men who care, the men who do things, the men who are always young, and who every year pitch their tents upon higher levels of life. It is not an easy thing to be a growing man; in fact, it is a very difficult thing; it is about the hardest chore a man can set himself, and appeals to the highest qualities of manhood. To be a growing man is to be a student three hundred and sixty-five days in the year; it is to be always looking forward; it is to be an industrious

man, a persistent man, a man devoted year after year to doing the best things in special lines of work, and all this is a severe and daily test of character.

Every physician who practices MEDICINE IN SOUTHERN CALIFORNIA

will doubtless agree with the statement that in the higher sense professional life here is isolated. We are far from the great medical centers and we lack in some degree the inspiration and incentive that comes of contact with those who are connected with great institutions, either hospitals or colleges, or who have the advantage of the constant drill that is unconsciously got in large cities.

The world has always grown and still grows by co-operation. Men are what they are by reason of the contacts of daily life, the attrition of man with man, the mutual helpfulness that comes of the common interests and even of the contests of life, that furnish discipline and sharpen faculty, that stimulate research and make men every day anxious to learn and eager for the fray.

Great cities have this, great institutions are made by it and exemplify it in their ever-growing and complex routine, and men who live under such influences have their lives renewed and inspired by them.

In Southern California we are denied much of this, and it is necessary that we supply this deficiency with diligent work among ourselves, and by seeing as much as possible of the work of the best men in eastern cities.

If every member of this faculty would spend two months every two or three years working in eastern hospitals, the professional equipment of the members would be improved and the reputation of the college as being composed of progressive work-

ing men would be of benefit to the institution. Eastern institutions would welcome us and prepare for us. We all need this contact with eastern men. We would come home not only with additional knowledge, but what is vastly of more benefit, we would return with renewed enthusiasm.

As a part of this same plan to link us to the best of the profession at large, it would, I think, be well for the faculty to secure the services of some one of medical fame and high character in the East to deliver a course of lectures to the students and the profession of Southern California every year.

If men prominent in the profession in the East could be induced to come here for this purpose it would be educative to the entire profession of Southern California and advantageous to this institution.

The profession of the country is watching with a critical eye the conduct and the product of every medical college. The period of competition for numbers is passed and the time has come when the competition is in the value of instruction given. Medical colleges are giving yearly

BETTER AND BETTER INSTRUCTION,

and we cannot afford to be less progressive than the best, and every relation that we can establish with the best institutions and with progressive medical men will be helpful to us.

With our bacteriologic laboratory and physiologic apparatus we ought to begin to do research work. Research work is excellent discipline for the younger men and is also good occupation for the practitioner. A man should never be too old to engage in it. Dr. Sidney Ringer and Dr. Lauder Brunton still do research work. Weir Mitchell not only does it himself, but is constantly inspiring

young men to carry it on. There is nothing that does so much to give a medical man an interest in scientific medicine, or to develop intellectual momentum as original research. There is nothing that helps more to make comprehensible and attractive some of the hard problems presented in the sick room than original research along certain lines.

In work on animals the student sees the machinery of life while it runs and gets an insight into the physiologic processes that he would not otherwise have. He will have a clearer mental picture of the vital mechanism, a more accurate insight into all those complex and orderly processes with which he must daily deal as a physician.

Every medical faculty should as individuals and as a faculty be devoted to the literature of the profession. We ought to be known as men who care for the best medical literature of the world. In these days of careful work and critical reviewing one can hardly write a creditable paper without knowing the recent literature of the world on the subject. He can only know this by having recent journals and works to consult.

LET US HAVE A LIBRARY.

Let us not have it said that Los Angeles physicians are indifferent or so busy making money that they forget Bacon's maxim that "Every man is a debtor to his profession." A beginning has already been made and it is hoped that we may soon have a good medical library at the college building.

More attention should be given in medical colleges to teaching physiologic therapeutics, diet, climate, hydrotherapy, etc. While drugs were never used more discriminately nor more happily than now, yet there is a distinct tendency to emphasize the value of physiologic methods.

There is not necessarily any mystery about disease; it is a life process and works through laws that elsewhere make for health. It ought to be an important part of our therapeutics to utilize those material forces through which life came and health is kept. Are air exercise, electricity, which are so necessary to any living process in health to be discarded in sickness for tablets and the latest fad from a laboratory?

Cohen says the "disordered functions of the paralytic are equally physiologic with the co-ordinated functions of the athlete." That is, that disease is as natural as health. In the ataxia of tabes, physiologic processes, though pitifully crippled, are still at work, through substitution, or by roundabout paths, or a thousand makeshifts of function. By using these natural means we abbreviate and individualize in many ways those forces that have been part of life and that have made it what it is, and to which every organization has the race-old habit of beneficial reaction.

The older practice of writing a prescription and sending the patient on his uninstructed way with a pleasing illusion in his vest pocket was occasionally useful, but it was so easy that physicians sometimes became routine givers of drugs. The physician who regulates the patients daily life is doing what is intellectually more expensive than the other, but it is the scientific way and the correct way and the medical man who does this is as much above the mere drug giver as the architect is superior to the carpenter.

It is a thousand times unfortunate that this side of medicine has been so long neglected. One result has been that many people never having been told how to live in order to be well or to get well, and weary of the

round of drug stores, have gone to the Christian scientists and their like, who at least have the merit of giving their victims something besides their ills to think about, however poor the quality of the thinking.

We hope to have this winter lectures on the

HYGIENE OF THE MOUTH.

a subject of great importance to health, and in the near future we should arrange for lectures on dietetics and instruction in scientific cookery. I hold that every doctor should himself have experience in preparing food, and have a practical knowledge of that art which probably has more to do with human health and happiness than any other two influences that touch the life of man.

As everyone owes his brain power and his personal capital of health largely to the toilsome lives of those who have gone before him, so we in common with all medical men are debtors to the Harveys of our profession, the growing men, the discoverers of all ages both great and small, renowned and obscure, who through love of knowledge and of their kind have built up and handed on to us the science that we make use of.

OUR DEBT TO OTHERS IS

and will remain infinitely greater than our achievements. All that we can do to add to human knowledge and lessen suffering is but a beggarly work in comparison to the stock of knowledge and experience that we inherit as a part of the intellectual capital and social equipment of the race.

Consider the hundreds of men, physicians, physicists, chemists and others who lived, and most of whom toiled and died in obscurity, before a Pasteur, profiting by their work, could make his great discoveries. The systematized and organized knowledge that goes to make up what we call science is being accumulated,

sifted and arranged by many men all over the world, and it is upon this work of the forgotten thousands that such geniuses as the Pasteurs and the Virchows build and attain an immortality.

We, too, should strive to be builders, not of our private fortunes and our petty fame, but of a solid foundation for the profession of the future that in this vicinity at least will inherit what is good in our work.

In these days the pioneer stage is brief, and this young empire of California, within whose boundaries all of New England could be placed, has grown rapidly toward the organized, refined and cultured life of the older States. No part of the Union has come so near being born and grown to maturity over night as Southern California. From Maine to Pennsylvania people have come here in train loads and by the thousands representing the intelligence, the aggressiveness and the success of the East.

There was never better material nor higher incentives for those, who, like us, have been appointed as builders of institutions, than are to be found here and now. We should

ATTRACT YOUNG MEN

to our corps of teachers, for with the preparation now obtained in colleges they are especially desirable. Institutions such as this should always welcome young men who have had special training at home and abroad, who are the product of that best modern combination, the drill of the laboratory and the discipline of the clinic; men who are capable, ambitious and unselfish, and who, when you and I lay down our work, will be able to take it up and do as much better than we have done as the age that succeeds us will be better than ours.

If in our clinical teaching all our material is utilized, if methods are

adopted that will bring out the entire value of every case, we can find here in this city all that we need for this work.

The vital thing in clinical teaching is thoroughness. Quantity of material and variety of clinical forms are important, yet they are of secondary value to the painstaking care that never omits a fact in the pathological history, for by this the student will come to see the advantage and develop the habit of careful, minute and systematic investigation. This can be done in a city of one hundred and thirty thousand if the teaching is of the right sort.

The history of medical men in Germany and in this country shows what can be done in clinical investigation or in surgery or in original research in the smaller cities. President Garfield's remark that a student on one end of a log and Mark Hopkins on the other end made a university, is significant here; it is not alone the size of the amphitheater nor the quantity of material, it is

THE MAN AND THE METHOD.

By such methods the student learns to track every symptom to its source and to correctly interpret the language of every sign.

The physician who has had this drill will have a system in his work that adds to the effectiveness of talent and he will differ from the man who is without it as the lawyer differs from the notary. He finds there is nothing irregular or haphazard about disease, that the morbid undoing of life is as orderly as the health processes, that in the language of John Locke every morbid condition has its natural history, the business of the physician being to find the order hidden in the seeming chaos of disease. The habit of taking pains that such methods develop and the resulting skill in diagnosis have made

the fame of the Trousseaus, the Stokes, the Fengers and the Oslers.

You and I in common with all medical teachers are on trial. Every year we will meet a more intelligent and a more exacting criticism. Are we the men, and have we the methods? If we are to meet the increasing demands that will be made of us our work can answer these questions only in the affirmative.

In our teaching we must lay increasing emphasis upon the relation of chemistry and physiology to clinical medicine. The chemistry of life is no longer a vague phrase and chemical pathology is a part of science that every physician must be acquainted with. The importance of sodium in the elimination of carbon dioxide, the relation of acid intoxication to diabetic coma and other illustrations that will occur to you show how directly our therapeutics depend upon a knowledge of physiologic and pathologic chemistry.

We doctors should cultivate more intimate personal and professional relations. The differences of doctors have furnished occasion for many a sneer at our profession. So much of a doctor's success is due to personal popularity that unfriendly rivalries occur and small men sometimes descend to the

PETTY AND VULGAR BUSINESS of jealousy. Happily there is less of this in the profession than formerly; the more intimate professional relations of physicians and a cultivation of interests that are more scientific have made rivalries less unfriendly; generosity, kindness and a sense of brotherhood are growing in spite of self-seeking and those odious qualities that belong to the slums of human nature.

The profession of this city should have clubs and societies where they

come together frequently for professional and also for social purposes. The members of this faculty should have a meeting of this kind as frequently as twice a year. There is a great advantage and one that has in it humanizing tendencies in meeting your competitors and your associates away from the formalities of business and under conditions that inspire good fellowship. In the rivalries and clashes of the day men perpetually misunderstand each other. The man who is indifferent to you or who dislikes you will hardly be able to conceal it, for here at least the features and the manners gossip, while the hundred admirers who pass you hurriedly by with only a nod may give no sign of friendliness.

Some one should write a book on the advantages of getting together with a chapter in italics for doctors. What a really good fellow

DOCTOR COLD SHOULDER

is when in the companionship of a banquet you have cracked the shell of his reserve and the smoke of your cigars has mingled and narcotized old animosities.

Our lives as doctors are public and for the public. All lives are essentially so, for separate as the individual life seems to be yet each one as he goes about his daily business is going also upon the errands of society. Nature has so arranged it that we live under a perpetual illusion, for, while we seem to be accomplishing only our private and personal errands, yet in a larger sense we are serving society, whose beautiful and moving order antedated and will survive us. Our professional work therefore is a contribution to society, for in all we do we serve, and when we shall have left this world the things that we have done here that our friends will care to mention, or that

the world will remember, will be those only wherein we helped mankind by furthering the social purpose. Considering that society protects us in all we have and helps us to be what we are, that our property is made safe, our homes guarded, schools established, violence prevented, justice assured us, we should have a personal interest in the welfare of our community. Medical men especially should interest themselves in everything that relates to public health, from the condition of the streets to the health of the children in the public schools. I have not a doubt that if even three or four courageous men among our local physicians would take an interest in the health of the children in the public schools of this city, not only would much suffering be prevented, but the average of the health and the vital capacity of the next generation in this community would be increased.

Though we may not be able, ourselves, to see it, there must be fortunate days for us and for our work. Not the least advantageous in teaching is the

BENEFIT TO THE TEACHER

himself, and then, too, in many ways that he may never know of he is helping to make the world a little better and is adding to the sum of human happiness. It is a most difficult thing to assess man's work at its real value, to see in it what is permanent, and what is transient. A Wallenstein or a Gustavus Adolphus may sweep through Europe and change the map of empires and yet a century later the historian may quietly sum up in a few pages all that history has to say of what he did; while a Plato or a Froebel, modest, sweet tempered and careless of fame works on without display and the ages are his debtor.

In smaller ways than this, though in no less real ways, every teacher has an enduring influence and through the character that he helps to make he projects his life ideals into the future. Prof. Thomas Davidson, the great teacher, said that students got more benefit from their association with their teachers and with each other than from all they learned at college. The teacher becomes an ideal for the student, and long after what he has taught has been forgotten his personality may be an enduring influence and inspire the lives of others.

This institution has an obligation common to all where teaching is done, and that is the obligation to grow—to grow in method, in facilities, in quality of instruction and in reputation. The world of knowledge grows, sciences are forever being reconstituted and medical teaching must meet the demands of progress. It is not a reproach: it is the glory of our profession that it changes. New facts come with experience, old theories are recast, old remedies are abandoned, and it is only in this way that medical science gains in accuracy and definiteness. Seventeen hundred years ago a celebrated physician said there seemed to be nothing left for the medical man of the future to discover. We have learned however, that there is nothing final in human knowledge, and that in spite of all the facts that physicians have put in tomes we are yet but at the beginning of what medicine will be, we are explorers who have but touched the confines of an unknown continent. We cannot now, nor at any time, stop with the work of yesterday. No plan that we can devise, no improvement that we can make, no helpful influence that we can draw to our aid, is to be considered as final; each gain

is only another advantage from which we are to go on to new achievement.

Every year these questions must come to us as a faculty; how are we to meet the new conditions, what are we to do that will make our teaching better, how can we add to the value of the work of this college?

Representing, as we do, an educational institution, we are an important factor in the growing and complex life of this commonwealth; and as medical teachers we have a responsibility that goes to the vital issues of the life of society, a re-

sponsibility that concerns all the relations of men, that enters into every home, sits at every fireside, deals with the most sacred confidences, and with the hopes and lives of men. We must not ourselves fall below the highest standard; we cannot afford to send out as graduates men of whom we are not proud; we must strive to be at the front, and help in common with the army of progressive medical men to gain those peaceful victories whereby human suffering is lessened, and character is shaped and the lives of men made better.

SOME OBSTETRICAL EXPERIENCES.

BY ANSTRUTHER DAVIDSON, C.M., M.D., LOS ANGELES.

Here where abortion is so common and childbirth so comparatively rare it may interest the younger members of our profession to know, under what circumstance the older members gained their experience.

Since I entered practice 2000 cases of childbirth have passed under my observation and of these 1500 have been under my own care. In view of this experience I have naturally formed various conclusions that may not agree with those of my hearers, but the more they disagree the better will the discussion be.

I may say at the outset that I have never made a specialty of obstetrics, in fact I am about the only man in Los Angeles who is not a specialist in the diseases of women, and that is another reason why you ought to listen to some of my observations. In my first year's practice in a congested mining district I added to the ordinary visitations which varied according to the seasons from thirty to one hundred visits a day, the pleasure of two to three labor cases a week. Like all youths I was enthusiastic and de-

lighted with the work. The first few labor cases gave one that feeling of elation that you experience after your first laparotomy. You feel you have done some tangible thing, and you have the baby and sometimes a torn perineum to show for it. By the end of that first year that feeling wore off not from lack of novelty, but from the plentitude thereof, and in lieu of this came a feeling of responsibility, sometimes even temerity, and always profound thankfulness that there was another woman safely through one of the trials of her life.

The more I see of obstetrics the more I feel assured that no monetary reward compensates the attendant doctor for the responsibility he assumes in taking care of these cases, and though I have been fortunate in having lost but one mother in my experience, yet I never see a case safely through without a sigh of relief. Our text books tell us that the average relative position in labor, in the 1st, 2nd, 3d, and 4th are 67, 10, 20, 7. (Fishman.)

In my first 300 cases I made careful

records of my diagnosis, but my figures are 84.5, 8.6, 2.1, 4.5 and my experience suggests that in my district at least the number in the fourth position is understated. Of course much can be explained by my inexperience at that time. Of those in the third position, 80 per cent. rotated naturally and without assistance to normal, and of those in the fourth only 60 per cent., and this is probably about the average for us all.

There is nothing more discouraging to the doctor, and more tedious and painful to the mother than this waiting for nature to rotate the fetus to the easiest line of travel, and I have long since ceased trusting to nature to do it. Civilization has traveled faster than natural evolution and it is our duty to recognize the fact. Whenever the position is No. 3 or 4 if unable to rotate the child by bimanual manipulation I apply forceps, turn the head, and when it is safely entered in the pelvis, detach forceps and then leave it to nature. These cases that are occipito posterior are, strange to say, mostly female children, at least they are 25 per cent. more frequent among females.

If we are to credit the Talmud, and there were as keen observers in those days as in ours, among the Jews of that period, all female children were born in occipito posterior position, and males in the reverse.

The laceration consequent on the mal position of the females probably accounts for the Levitical law which commanded sixty-six days for purification after the birth of a female and only thirty-three for a male.

It might be in order to suggest that the contrariety of the weaker sex is accounted for by this habit, and it certainly does look like early training, if not foreordination. The race is rapidly evolving, I hope, to that point

when women shall, like the lower animal, bring forth without much pain or preparation. Either the Jewish race in their evolution are changing, or as is more likely those prone to abnormal positions have in the dark ages, succumbed in the struggle. Whether the forceps will stop this weeding out of the weak, and stop the natural evolution of women towards an easier child-birth, time alone can tell. It will be interesting at least for those coming 1000 years after us to compare the relative positions of the sexes in utero in those days and ours.

As to the use and abuse of the forceps, much has been written, and I do not intend to enter into the merits or demerits of the controversy. I began life as the assistant of a man who practically never used the forceps, at least in not more than 1 or 2 per cent. of his cases. Only twice in my first 115 cases was it used, once low down, for inertia and once high up, obstruction at the brim. In those 115 cases I had four dead children in normal cephalic presentations, that is more than I have seen in all the cases I have attended since. They died from pressure in the unnaturally delayed second stage. Since then I have acted in each instance as I have judged best. I have no rule about when to apply forceps, each case must be judged solely on its merits, and when I think a woman has had a fair chance to deliver herself and failed I let nature have second place. If statistics prove anything they must show that so far as maternal and fetal mortality is concerned the judicious use of the forceps has never cost me a single life—nature has.

My forceps cases all over average 16 to 17 per cent. I have not invented a forceps of my own. I have not felt equal to improving on Barnes'. Having babies is not—in the technical

sense, a disease; it is not even what they would call a habit in Texas, and the recognition of this has prompted many men to trust too much to nature in parturition.

The obstetric faddists, and they are numerous, still attempt to follow out the complete antiseptic routine during labor. Many of you have seen ardent disciples of Lister using the carbolic spray under a tent of bed clothes during the whole period of labor. The spray gave place to the antiseptic douche, and some of the narrow minded members of our profession use it even yet, both before and after labor. By way of supplementary caution they carefully shave the external parts and scrub with soap and antiseptics till the woman is scrupulously clean and quite uncomfortable. Then having shaved himself, and sterilized his hands the humble attendant leaves the case to nature and retires to bed, after enjoining the nurse to call him when the child appears. If nature is capable of taking charge of the labor, she, I think, may be also trusted with the preparatory work too.

So close do some attempt to follow nature in obstetric matters that I expect to hear any day that some enthusiast has taken to cutting the cord with his teeth and served the placenta as a restorative to the mother. That is nature, gentlemen, all animals do it, and man presumably did likewise for many ages. Even to this day the habit of placentophagy still survives among some tribes in this country, Brazil, Asiatic-Russia and the Soudan. This, to us, repugnant habit, is founded on a much more scientific basis than the shaving of the pubis, as it has the power of inducing uterine contractions and stimulating the mammary secretions.

I had my faith in douches shaken

at a very early age. In my student days the women of the slums on which we practiced, had not only no means of taking a bath, but frequently had nothing but a pallet of straw, with a few second hand rags for a covering. Yet they seemed to make as perfect a recovery as their wealthier neighbors. I abandoned douches as a routine after the first year in practice. Since then I have attended women of varied nationalities, including negroes, Indians, Mexicans, and so far I have seen no reason to interfere with nature's preparation of the parturient woman.

When I was in the Territory I had on an average two cases a week among the Mexicans and Indians, some of them complicated, for usually they dispensed with the doctor's service. Now, they are not a cleanly race, C. F. Lummis notwithstanding. The usual procedure at a labor is as follows: The bed, which consists of a quilt and canvas, is rolled out on the adobe floor. A clean sheet is laid over this, to prevent the soiling of which a deerskin or goat skin, which has served for a mat for lo these many years, is plucked from its adobe bed and laid upon the sheet and the bed is ready. If the labor is tedious and the night cold one of the dogs, usually a hairless Chihuahua, is coiled over the uterus to act as a comforter. After the labor is over there is frequently not a rag in the house available as a napkin, so we let that formality go, and as the only towel in the house is usually around the woman's head, we dry our hands on our own pocket handkerchiefs. We leave the woman to nature. Yet, these women make as rapid recoveries as any and I do not recall a single case (and many of them were difficult labors) where a woman was compelled to remain more than ten

days in bed on account of slight febrile disturbance.

The Mexicans are mortally afraid of cold water in any sickness and for forty days after labor they will not bathe. So the germs are allowed to fight it out among themselves and the woman escapes in the conflict.

In Great Britain vital statistics have been tabulated for so many years now as to give us a reliable basis of calculation for death rates from all causes. While the percentages of all preventable diseases have steadily decreased, those from puerperal fever remain unchanged. There has been a marvelous improvement in the death rate in the lying-in hospitals and other public institutions devoted to labor cases, yet in spite of this the general mortality from puerperal fever has remained the same for the last fifty years.

This continued high mortality rate is not due to ignorance of the practitioner, as the race now in active practice has been trained to value antiseptic methods. In spite of all this the death rate is as high as it was under the old regime, when the doctor entered, pulled off his riding gloves, called for some oil, totally indifferent as to whether it was carbolyzed vaseline or hair oil, so long as it lubricated. In the process of labor the old doctor examined the woman at least every half hour to authenticate his repeated assertions of the marvelous progress being made.

These are facts, not fanciful fiction, gentlemen. Nowadays I presume they douche the woman, shave the parts and participants and yet their death rate is just as heavy from puerperal sepsis as it was with the predecessors, who never even washed their hands before examination. If the record of our lying-in institutions prove anything, they prove that in all

probability practically all cases of puerperal sepsis are due to infection from external sources. The attendant wittingly or unwittingly is probably always to blame. This is a hard proposition to endorse when a case arises in one's own hands, but I think its truth must nowadays be admitted.

The prevention of sepsis comes down then to the proposition of clean hands and instruments. With instruments this is easy, but with the hands very difficult. I had a friend have half a dozen cases of sepsis in succession. He bathed in carbolic, washed and scrubbed and changed his clothing, but to no purpose. He had to renounce practice for six weeks. In this city a skilful and rigid adherent to antiseptic methods had three deaths from sepsis in the space of one month.

Now, I have an idea, gentlemen, that the success or otherwise of the individual doctor in obstetrics is all a question of luck. If the doctor is lucky enough to have hands that do not perspire freely and during action do not exude the infectious germs from his sebaceous pores, he has uniform success. You know there are many men whom we call good surgeons, careful in technique and in all detail, yet a larger proportion of their cases go wrong than ought to. We call them unlucky and they are; they are born so, and ought to renounce surgery in consequence.

You cannot sterilize the skin by all the lotions of St. Louis or all the waters of Jordan. So we will continue to have our present mortality in midwifery until we are all compelled to wear gloves at examination. That is the best solution of the problem, I believe.

The whole question of the disinfection of the hands has I think now

passed out of the realm of drug worship. With many surgeons it is still a foetich and a rite hedged around with as many ceremonies as any other idol worship. The recognition of the role the sebaceous and sweat glands play in the infection has shattered the last fort of this faddist. The groping after truth is leading towards its ultimate solution, however.

For the immediate treatment of the hands friction in warm water and green soap with a very soft brush is first required. Then dip in alcohol for a few minutes to dissolve off all sebaceous matter, then rinse finally in sterilized water or bichloride poured over the hands to remove all possible epithelial debris and your hands are clean. In a long operation in a heated room the hands, if perspiring, must be frequently laved, and this is best done by a flowing stream of either sterile or bichloride water, not that the bichloride is any better than the water, but you have the assurance that it is at least sterile.

The obstetrician ought not to have his nails closely trimmed. The nail is the best and safest of curettes, and is never liable to be left at home. I never quite saw the wisdom of cutting close the nails. The smaller the notch the less easier cleaned, and the deeper the nail the less possibility is there any overlooked germ's being washed out of the fold.

The care of the hands is the most important point to the operator. Your book tells you to keep the hands soft, so they may be easily cleaned, etc. They are, it is true, more easily cleaned than the ragged, seared hands of the mechanic, but the softer they are the more readily they perspire and the more dangerous they in consequence become. Keep your hands free from gross lesions, wear no gloves, have the palms smooth and

hard from the use of golf clubs or tennis racket or other such outdoor weapons, and above all use no gloves or any covering prone to cause perspiration of the hands. Avoid all stimulants, lotions or antiseptics that irritate the skin or much rough friction, all of which tend to increase perspiration.

With these precautions you will all be lucky. If you have been unfortunate enough to have had septicemia a few times, or are the subject of erysipelas or drink a gallon of beer a day you are apt to be unlucky. Your own skin will be your ultimate undoing.

I think the profession in course of time will recognize the necessity of excluding the obstetrician from all surgical work. His hands ought not to come in contact with any inflammatory surface. The doctor whose work is confined to purely medical cases runs no risk of carrying infection to the woman in labor. The bugbear of communicating scarlet fever, is, I believe, all a fiction. I have twice known medical men attend cases while suffering from scarlatina, and no fever followed. The so-called scarlatina of childbirth is but the scarlet eruption that frequently accompanies septicemia.

The cases most prone to sepsis are naturally those where much blood is lost. The difficult forceps cases, strange as it may appear, very seldom suffer from sepsis. Probably the increased secretion of mucus, due to the irritation, cleanses the parts.

The women of the West have, I think, an easier labor than their Old World kin. In the popular belief the stronger the woman the easier the labor is supposed to be. The truth is, it is quite the reverse. In the muscular women the rigidity and tension of the inter-pelvic muscles and

the os prolong labor, and cause an enormous expenditure of energy to overcome the resistance. Of the women I have attended the peasant women of Scotland have had the hardest labors. They are the only people in whom I have seen general subcutaneous emphysema as the result of the struggle. At least 2 per cent. of them show it in some degree, and no one who has ever seen it acquired can appreciate the suffering its production implies.

The greatest obstruction to labor is muscular and the weaker the woman is the less she suffers. Women who suffer from leucorrhœa have, I think, a particularly easy time.

I have met with quite a few very interesting cases. Two of embolism. The first I saw but ten minutes before death and half an hour after delivery. The second was in a case of pneumonia that miscarried at the seventh month, at the crisis of the disease, and on the second day had complete uterine inversion from excessive coughing, on the third day after had a hemiplegic attack on the right side, made a perfect recovery as far as any hemiplegic can, and has had two children since.

In a case of placenta prævia, central with terrible hemorrhage, I hastily turned to save the woman and the head stuck as usual. We were ten miles from home, with no craniotomy instruments and the delivery was urgent. After about one hour's working we finally delivered the woman, and as her other previous labors (3) were normal and easy, I examined and found a large circular thickening about three inches in diameter occupying the structure of the internal os to the left. It seemed probably a fibroid, but was too soft and velvety for that. I thought it was probably caused by the

low implantation of the placenta, and was simply a case of excessive hypertrophy of the placental site, and one sufficiently large to obstruct the labor. The woman made a perfect recovery and in less than two years after was again delivered of a child. The labor was in every respect normal and the tumor that had so obstructed the previous delivery had totally disappeared.

Of accidental hemorrhage I have had a few in all of which the child was lost.

In only one instance have I had a secondary hemorrhage. This case had an adherent placenta, which was detached by hand, with the woman under chloroform. The next day, eighteen hours after, her uterus was filled with clots and she was flowing somewhat freely. I put her under chloroform introduced the hand and removed from the placental site a small but prominent nodule, which seemed to me to be fibroid in its nature. There was no more subsequent trouble.

Once only have I seen an hydatidiform mole. The woman looked like one at full time, when she had been but three months pregnant. The case was in every respect typical of the kind. My one fatal case was in many respects interesting. The woman 31 years of age, 3-para, had always been healthy, but when three months pregnant she suffered from "palpitation" and breathlessness. Examination revealed a purring murmur, quite perceptible, to palpitation, with an aortic pulsation at the neck and all the symptoms of an ordinary aneurysm of the aorta. The age and absence of syphilis were all against my diagnosis, for the affection at such an early age is very rare. I put her under medical treatment and in the 6th month edema of the legs began and gradually increased

so that for nearly three months prior to delivery she lived night and day in a chair, unable to lie down. Labor came on at term and she delivered herself in the chair naturally and rapidly—no hemorrhage or other complication. She gradually sank and in forty-eight hours after died.

I ought to have procured abortion when the case was first seen, but I was young and had no experience in producing abortion. I have had, I presume, the usual percentage of cases of placenta praevia, mostly partial, of course, though five were completely central. The partial, as a rule, give but little cause for anxiety, as the digital separation of the offending section immediately stops all hemorrhage. With the typical central implantation the case becomes at once a serious one, and constant care and watchfulness are required to terminate the labor safely to mother and child.

Here, where so many women prefer small families or none, the doctor is saved any great concern about the child, and everything is accordingly sacrificed in the interests of the mother.

Of post-partum hemorrhage, I have had but one genuine case, and that proved amenable to ordinary treatment. Cases of moderate flooding have, of course been more frequent, but the cases that are the most annoying are those where slow hemorrhage takes place. You have finished your case, apparently there is no sign, outward, of hemorrhage. Pulse is a little fast and you feel over the uterus to find it quite palpable and firm, but large; a little time passes, you feel it again and it is larger, and it may slowly fill until it reaches the sternum, or it may cease to rise above the umbilicus. There is usually no fainting and no sign of distress. The hemorrhage is too slow to precipitate

the ordinary symptoms of hemorrhage.

Now what ought to be done is apparent, the woman feels all right and objects to interference, yet there is nothing for it but to introduce the hand and empty out that uterus, a painful and unpleasant thing for the patient. Not infrequently it may have to be done a second time.

Now in spite of all precautions you will find that after a long continued labor that these cases are not so uncommon as is generally supposed. I drew attention to this many years ago, and found that my then colleagues had not the same experience. One man said frankly that while not infrequent, unless these cases were accompanied by signs of hemorrhage he left them alone as the uterus had considerable tonicity left, and it in the natural course contracted and expelled the clots. The next instance of concealed hemorrhage I left alone, with the uterus half full of clots, to above the umbilicus. The clots came away in the course of the next three days, but with foetid odor and some fever. I afterwards decided that immediate removal of the clots was the less injurious procedure. The amount of blood lost in parturition varies greatly in different patients, but there are two conditions under which you may always expect hemorrhage of more than the normal amount in cases of goitre and jaundice.

Almost all goitrous women flow more freely than normal at each menstrual period and are very prone to post-partum hemorrhage. The jaundiced women usually give premature birth and may be said to almost invariably flood. In these cases the changed condition of the blood, due apparently to the presence of the bile salts deprives it apparently of its normal agglutinating qualities, and these cases

as the result of the combined jaundice and flooding very frequently prove fatal. One of the most serious cases of hemorrhage I have had of recent years was in a case of this kind, and a fatal result was only averted, I believe, by the timely treatment instituted. The best treatment of hemorrhage is preventative and in cases of jaundice calcium chloride is the most efficient and probably only preventative. Give 20 grain doses and push it fully for three or four days. Whether the remedy will act as efficiently on goitre as it does in jaundice I have had no opportunity to try, but I presume it will.

Ergot, of course, is always useful if given in the third stage of labor. In the old adage about not giving it in primipara I have seen neglected and I can recall two instances in which I had to give chloroform to overcome the contraction of the os and remove the placenta. The attendant had given ergot when the labor was about completed. The placenta not being readily expelled, the ergot acting as it does more forcibly on the circular fibres of the os caused such contraction that only chloroform could cause it to relax.

Puerperal convulsions are now becoming rare and ought soon to be unknown. Among my own patients I have not seen a case since my first year in practice, twenty years ago, and I hope never to have another. While careful chemical analysis of the urine may not always give us a certain indication of the danger, there are very few cases in which the test for albumen or deficient elimination will not warn us of the impending complications.

The amount of albumen is no indication of the gravity of the case, as the following history shows. Primipara strong, healthy, eight months

pregnancy, urine scanty, seemed half albumen, general edema, legs enormously so, unable to lie down, sleeping for last two weeks in chair. A short, irritating cough, with bloody expectoration from edema of the lungs aggravated her misery.

She had slight pain and I presumed she was in labor, but the edema of the vulva was so great I was unable to reach the os. The case seemed desperate. I took a bistoury from my pocket case and scored the labia and thighs with one to three-inch cuts. Don't puncture in these cases: punctured wounds are as dangerous at this time as any other. In a few hours I was able to rupture the membranes, and on the advent of the pains a colleague administered anæsthetic to the patient in a sitting posture, while I dilated by hand and delivered with forceps; twins, alive. All went well and she has since been confined, with no trace of albumen showing throughout the period of gestation. All cases of eclampsia tend to self limitation and nature, if given time, will herself cure. Hence, the superiority of morphine. It keeps your patient from dying while nature cures. All other remedies are useless compared to this. Give oxygen during convulsions and morphine hypodermically and you will feel tolerably assured of success.

The life of a woman in labor need never be despaired of; in fact, given fair play, no labor, however difficult, will kill her. I have participated in some fearful and bloody encounters with parturient women. In my student days I remember one of our teachers and two students spending two hours on a forceps with rope attached delivering a child from an abnormal pelvis. The woman did quite well. Nowadays we divide the pubis in such cases and while this proced-

ure may save the child it adds little to the chances of the woman.

I have had many tedious experiences and it has always been a matter of surprise to me that I cannot recall a single difficult forceps case in which the slightest septic troubles followed. The most rapidly fatal cases of septicemia I have ever seen have been in absolutely normal labors, where no doctor or midwife ever attended.

Once in a difficult forceps case in an apparently normal pelvis, with the child in the first position, I was almost completely baffled. I maneuvered and levered and pulled for close on two hours, when something audibly snapped, the obstruction yielded and delivery was rapidly effected. I thought the pubic bones had parted, but on examination I found the left parietal of the child had fractured clear across its upper one-third. Child and mother did well and the former, now 5 years old, seems to have been unaffected by the accident. There seemed nothing abnormal in this pelvis and I have never seen or heard of such a thing occurring under such circumstances. With time and infinite patience the apparently most hopeless case will terminate favorably.

Our text books and teachers gave us some advice that I would recommend the younger members to be very slow in accepting. Authorities tell you that oftentimes when unable to deliver with head presenting you can turn and without difficulty extract the child. They will give you measurements, too, that prove the truth of the statement. That is all right and true and it happens so in some cases, but don't you do it if it does not happen so, you are straightway in trouble. I never yet turned for that purpose that I succeeded in bettering conditions and I have to-

tally abandoned the procedure. If in a narrow pelvis you have to have recourse to the forceps for delivery of the after-coming head, heaven help you. I know of nothing more trying to the operator or more damaging to the woman.

Turning by the introduction of the hand into the uterus with the patient under chloroform is a comparatively easy process, but be careful that in the excitement of your first case of turning you do not turn so as to have the face anterior instead of the normal way. Seventy-five per cent. of all amateurs forget about this at the first attempt and some only are fortunate enough to find the position in any way bettered.

We have all had difficulty more or less with laceration of the os and occasional severe hemorrhage, but I have no proposition in any way new to offer as to the management of this complication. If after an apparently normal but hard labor your patient seems to collapse without showing signs of hemorrhage, don't be deluded into thinking it is just a nervous collapse, you have a lacerated os to deal with afterwards. A case of ruptured uterus I have never seen. Twins I have had in about the usual number of cases. They run in families, as the saying goes, and these families are mostly of a phthisical habit. It is nature's attempt to save the type, where the individual liability to death is greater than normal. I have never attended triplets.

Of the perineum, I have said nothing and what little I shall say will probably bring out many contrary expressions of opinion. I have seen many perineii torn in spite of the best attempts at supporting them, a method of procedure that I think is useful to some extent. Now and then we meet a case where the perin-

eum ruptures like a sheet of wet blotting paper from what seems an inadequate force. Once one such ruptured clear into the rectum. The minor tears I at one time sewed up immediately after. I never knew but a very few of them give complete primary union. That it is possible to acquire primary union in such circumstances I do not deny on the general principle that all things are possible, but though I know I am talking what the theologians would call rank heresy, I can safely aver that I have seldom seen in my own or any other hands complete primary union of the torn perineum. They often apparently do well, it is true, but after-examination reveals that none are so perfect as such result ought to be.

The reason is obvious. We have a lacerated wound with a line of union that we cannot keep dry or otherwise protect from the entrance of germs. Primary union is not very natural under these conditions. But if you wait for three or four days until the surface of the laceration has acquired a healthy granulating surface (such a surface is not capable of easy infection, as the established circulation withstands infection), then your stitching of the perineum will give you a perfect result.

Gentlemen, with these remarks I am done. They are matters of experience as they appeared to me. Yours on many points may have been different.

A STUDY OF THE DIAGNOSIS OF INCIPIENT PULMONARY TUBERCULOSIS.

BY F. M. POTTINGER, PH. M. M. D., LOS ANGELES, CAL. (CONCLUDED.)

CLINICAL SYMPTOMS. What are the clinical symptoms attendant upon the invasion of the organism by tubercles? To be sure, a pathological condition which would produce so few local signs would not be expected to be accompanied by marked systemic disturbances; nevertheless, there are slight disturbances present on the part of many of the bodily organs.

CIRCULATORY SYSTEM. Upon the part of the circulatory system we note an increased pulse rate, which usually precedes the advent of bacilli in the sputum; and, when taken with other symptoms is suggestive of the disease. Especially is this true in young people. The character of the pulse is also significant, being weak, indicating low blood pressure. Another sign on the part of the circulatory apparatus is a murmur over the subclavin or pulmonary artery as pointed out by Da Costa. This I have been able to detect in several incipient cases before other

physical signs were marked and before bacilli were found in the sputum.

RESPIRATORY SYSTEM. The respiratory system shows few clinical symptoms in the very early stage. Cough may not be present at all or the patient may note a tendency to a slight hack after talking or laughing. Some observers have also called attention to the inability of the patient to take a deep breath without coughing. Respiration may be slightly accelerated, but this sign is totally untrustworthy unless the count be made without the patient's knowledge.

DIGESTIVE SYSTEM. The early stage of the disease is accompanied in many cases by disturbances upon the part of the digestive apparatus either with or without the loss of weight. A capricious appetite or a loss of appetite which may become a total repugnance to food is present in a majority of cases. Brandenburg¹ says of the cases

(1) Brandenburg: *Die Lungentuberculose in ihren Anfangsstadien*, Berlin, 1900.

that present themselves for examination at the Polyclinic in Berlin, which are mostly from the hard-working class of laborers:—"Nearly all of the patients complain of loss of weight and various disturbances of nutrition. They complain of being tired, and, in spite of the weariness, the night does not bring refreshing sleep; on the other hand, they pass very restless nights."

NERVOUS SYSTEM. The patient is irritable and restless, and his sleep is apt to be disturbed so that he awakens in the morning as tired as when he went to bed.

GENERAL SYMPTOMS. The patient tires easily, notices that work which he is accustomed to do tires him more than usual. There is not only a disinclination but an inability to do accustomed tasks.

A sign which should call attention to the lungs as, possibly, being the seat of trouble is a dilatation of the pupil. Harrington² in calling attention to this sign says: "I refer to a widely dilated state of the pupils; not a paralyzed pupil, but rather one which seems to be in a more or less constant state of dilatation, due to some irritation along the track of the nerve fibres in the cilio-spinal region, or perhaps an irritation of the sympathetic, brought about by some blood change associated with very early tuberculous infection not yet fully recognized." I have noted an unequal dilatation, with the wide pupil on the affected side much oftener than the equal dilatation of Harrington.

The patient may appear anaemic. The mucous membranes are often distinctly so and in some cases this sign is enough to direct the attention to the chest.

Incipient tuberculosis is accompanied by a slight rise of temperature. This rise attends the formation of tubercles and the changes caused by their presence. The degree of rise is dependent, at least in part, upon the magnitude of the invasion. It usually occurs in the afternoon or after some exertion and is of great diagnostic significance; and, if accompanied by other physical signs and clinical symptoms, is to be looked upon as showing the presence of tuberculosis as most probable. This rise is not always constant. It may come at irregular intervals, or may show itself only after some exertion. It usually amounts to one-half or one degree only, and can best be detected by a two-hourly chart. If this rise should persist for a variable time and then the temperature return to normal, it would not prove tuberculosis to be absent; for after the first invasion of tubercles all reactive inflammation may subside and the temperature become normal, the disease assuming a state of apparent quiescence.

From this list of physical signs and clinical symptoms one can usually gain sufficient evidence to make the diagnosis of, at least, probable incipient pulmonary tuberculosis long before the appearance of bacillus-bearing sputum; and, as the ear becomes better trained, he will feel less need of the microscope to confirm his diagnosis; for, it must be remembered that the microscope is not applicable in incipient tuberculosis, but, only after the disease has been present sufficiently long, it may be a few weeks or a few months, to cause breaking down of tubercles with outward discharge into a bronchiole. It would not be considered an early diagnosis of an abscess, when it had broken and the products of discharge had been found to contain the pyo-

(2)Harrington: An Early Sign of Tuberculosis. *Journal of Tuberculosis*, Vol. III, p. 6.

genic cocci by microscopical examination; yet many are content to call it an early diagnosis in pulmonary tuberculosis, when the tubercles have broken down and afforded us bacillus-bearing sputum. Why should a patient come to a physician for a chest examination if the existence of incipient tuberculosis can only be detected by finding the bacilli in the sputum? It would be a means of economy to the patient when he suspects the disease to take a specimen of his sputum to the bacteriologist and find out the result for himself.

Those who are devoting themselves to the study of early diagnosis today are much like the child who is learning to walk, and who still clings to a chair or table or some other thing for support. They are trying to become independent of the microscope as a necessity in recognizing the presence of the disease; and, as they cease to rely on it, they gain more and more confidence in themselves. By improving their methods of diagnosis, cultivating their powers of hearing and paying more attention to clinical symptoms, they have become able to stand alone much of the time; for a careful physical examination, made by one who is able to detect the delicate changes produced by the presence of early tubercles, together with painstaking observation and inquiry into clinical symptoms, will either detect or exclude tuberculosis in the majority of cases before the advent of the open stage of the disease with its bacillus-bearing sputum.

TUBERCULIN TEST. It is very fortunate for those afflicted with incipient tuberculosis that, in case their disease cannot be detected by physical examination with the corroboration of clinical symptoms, we have other methods of examination which

still make it possible to definitely decide as to the presence or absence of the disease before the advent of bacilli in the sputum. The tuberculin test is one of the most valuable methods at our command in the diagnosis of incipient tuberculosis; and, if given intelligently will prove accurate in nearly all cases. This is not and should not be made a substitute for thorough physical examination, but should be used only when the examiner is in doubt as to the diagnosis. And while I plead for a better understanding and more extended use of the tuberculin test, it is not without the warning that it should not take the place of careful physical and clinical examination. If the value of this test were to be recognized and it were to come into general use, there is a danger that physical diagnosis might suffer as it did by the introduction of microscopical examination of the sputum. But, while the profession as a whole has not deemed it necessary to perfect its powers in physical examination, but preferred to rely upon the microscope to detect tuberculosis; nevertheless, those who are most interested have been able to improve immeasurably in ability to intelligently examine chests since its use became common. So it is with the tuberculin test. It has shown us how delicate the first changes in the lungs are, and, after detecting these fine changes and having the tuberculin test verify our diagnosis repeatedly, we have learned that by perfecting our powers of making physical examinations we can detect incipient tuberculosis in that stage in which Turban says 97 per cent. should be cured. Since learning the value of this test I have been able to detect several cases of incipient tuberculosis before sputum was present; and, by appropriate treatment they

were cured without ever reaching the open stage.

There is still fear on the part of many physicians that the tuberculin test is harmful. This is based upon the unfortunate misuse of tuberculin as a therapeutic agent when first introduced. In a previous paper,¹ I have endeavored to show the cause of this fear, and how unwarranted it is when tuberculin is used correctly. Why are not strychnia and morphia tabooed; for, do not they sometimes cause death? Does not chloroform kill one person in every three thousand and on whom it is used? Did not Prof. Henoch's own son die from an injection of antitoxin? Do not antivaccinationists have some ground for fearing vaccination, if an occasional accident is sufficient to cause fear? Physicians are obliged to look at things in a rational manner. They know that there are certain idiosyncrasies on the part of some patients to the action of certain drugs; they know that at times accidents will happen which cannot be foreseen; but yet these unfortunate occurrences should not so blind them that they cannot see the value of these remedies. We ask no more for tuberculin than we do for other measures, yet we insist that it should have equal consideration.

Those who array themselves against the tuberculin test do not seem to be able to rid themselves of this fear of harm no matter how much proof is offered; yet, if these same men were to align themselves as opposed to the use of chloroform or ether narcosis for more perfect examination or exploratory incisions, they would be laughed out of court; yet we know that there is always some danger attendant upon such proceed-

ures. There is practically no danger connected with the tuberculin test if intelligently given.

I wish here to mention the names of a few eminent physicians whose words should carry weight on this subject, for they speak from experience: Trudeau,¹ von Ruck,² Whittaker,³ Otis,⁴ Anders,⁵ Oster,⁶ Heron,⁷ McAll Anderson,⁸ Bernheim,⁹ and Petrusky¹⁰ are all earnest advocates of the test and show from their experiences that it is harmless when carefully given.

Anders¹¹ collected 3638 cases in which the test had been given and states: "It is worthy of note that in not a single series of cases among the many included in the tables which I have prepared is mention made of any ill effects. At all events, I have not met a single authentic report of a case in which the disease has been disseminated to distant parts of the economy with ensuing acute tuberculosis."

The test is made after keeping a two-hourly chart of the temperature for two or three days. It is best given either in the early morning or upon retiring. The patient's mode of life during the test should be the same as when the control chart of the preceding days was taken, the temperature should

(1)Trudeau: Medical News, June 29, 1911, p. 1013.

(2)von Ruck: Journal of Tuberculosis, Vol. 1, p. 25.

(3)Whittaker: Cincinnati Lancet Clinic, 1897, (Cincinnati Medical News, July 1, 1897).

(4)Otis: Transactions of American Climatological Association, 1900.

(5)Anders: Thymus gland of London Tuberculosis Congress, 1901.

(7)Heron: Transactions of London Tuberculosis Congress, 1901.

(8)McAll Anderson: Transactions London Tuberculosis Congress, 1901.

(9)Bernheim: Medical News, Sept. 1, 1901, p. 351.

(10)Petrusky: Die Experimentelle Fruchtdiagnose der Tuberculose.

(11)Anders: Transactions of American Climatological Association, 1900.

(1)Pottenger: "Culture Products in the Treatment of Tuberculosis," Therapeutic Gazette, Jan., 1902, p. 13.

taken every two hours beginning five or six hours after the injection. The reaction usually appears from twelve to sixteen hours after the test is given, but is sometimes delayed several hours. In one of my cases it was delayed until thirty-three hours after the injection, when a typical reaction, with malaise, chill and a temperature of 103 degrees, appeared. Although this reaction was much more violent than is usual, yet no evil results followed.

A reaction consists of two different manifestations; one on the part of the general system which is characterized by general malaise with depression of spirits, loss of appetite, nausea, headache, pain in back and legs and a rise of temperature two or more degrees above that of the preceding days; and, a local reaction, which shows itself by an increase of all the local symptoms.

The dosage and method of administration have been described so often that it is scarcely necessary to repeat it here; suffice it to say that the value of the test will depend upon the manner in which it is given. The first requisite is a standardized solution of tuberculin; for, unless we have this we do not know what we are giving; and the dose that would give a reaction one time would be inactive another. Again, the test should not be given when fever is present; for under such circumstances there would be some doubt, in case of a rise in temperature, as to what had caused it. Then, finally, the test should only be given when it is impossible to make a diagnosis otherwise.

It must be remembered that, in administering the test, that a question of great moment is to be decided, so every precaution should be used to obtain the truth. If there is tuberculosis present the earlier found the

better. If it is not present it is worth a great deal for the patient to know it. As the reliability of the test depends upon the care with which it is given every precaution should be taken to make the test conclusive.

ROENTGEN RAYS. The Roentgen rays and the fluoroscope are of value in early diagnosis; some observers claiming that they will show changes in the lung before any physical signs are present, others that their principal value is in corroboration of other methods and that they will not show evidences of change until it can be detected by other means. It may be that this discrepancy in the opinions of different observers is due to each being better skilled in his own method. However, we must consider the rays an important aid to early diagnosis. Aside from the hazy condition over tuberculous nodules, a limited excursion of the diaphragm on the affected side has been noted. Beale and Walsh¹ in a recent contribution to this subject say, in regard to the limits of Roentgen diagnosis in tuberculosis: "We know that the earliest deposits of the disease are not recognizable; a certain number of tubercles must be aggregated before a shadow is noticeable. It is a conservative claim that in some cases the rays are our earliest diagnostic measure. It is equally true that when a shadow is cast the disease is no longer in the incipient stage." It would certainly seem, remembering our pathology, that, for the disease to be sufficiently evident to be detected by the rays, we would certainly find a lagging of the chest wall and a diminished respiratory murmur, perhaps of a roughened character, either with or without crepitation.

EXAMINATION OF SPUTUM. I simply mention this procedure be-

(1) Beale and Wash: Practitioner, July, 1901.

cause of the great importance it has assumed in the minds of the medical profession, not to recognize it as a measure of value in detecting incipient pulmonary tuberculosis. It will certainly give us a comparatively early diagnosis, but it must not be relied upon to show anything in the initial stage of tubercle formation; for, as shown above, we do not find bacilli in the sputum until the tubercle bacilli have found lodgment in the tissues and tubercles have formed, broken down and discharged into a bronchus. The sputum of supposed early cases is usually examined in all too careless a manner. It is a long careful process to search a specimen or several specimens of sputum for bacilli when they are present only in small numbers. Often we are rewarded by their discovery just as we are about to give up the search. If we are depending upon the finding of them for diagnosis, we should never be hasty in telling a patient that they are not present if we have reason to believe that they might be. Better is it to take other methods to prove or disprove our diagnosis and withhold our opinion for the time.

I can conceive of the microscope being able to detect tuberculosis before other methods of examination, but it would not imply an early diagnosis, but rather a late diagnosis of a very small invasion. Such might be the case where the lung was invaded by a very few tubercles, so few as to cause almost no disturbance at all, and these should break down and discharge into a bronchiole; but such cases are not common.

When we consider the prevalence of pulmonary tuberculosis, the successfulness of early treatment and the comparative hopelessness of treatment in the advanced stage, we are forced to the conclusion that early

diagnosis is one of the most important subjects in the whole domain of medicine. Before we are able to make rapid strides in the prevention of tuberculosis, we must become more thorough masters of diagnosis. It is not a simple thing to make a diagnosis in incipient pulmonary tuberculosis; on the other hand, it is very difficult of accomplishment. It requires close observation, a well-trained ear and a mastery of physical diagnosis; but, this is something that anyone, who has determination and acute powers of hearing can attain.

Bradbury Block.

DEPOPULATION OF FRANCE.—

We are so fully possessed of the fact that the French in Canada are exceptionally prolific that we can scarce realize that the French of France are quite the reverse. We learn from an article in the British Medical Journal that for every thousand married women the annual number of births in France is 115, as compared with 184 in Belgium and Italy, 176 in Switzerland, 186 in Norway, 190 in England and Wales, 202 in Germany, 205 in Scotland, 206 in Prussia, and 216 in Wurtemberg. It seems that the birth rate has been steadily declining from year to year for some time, and political economists are beginning to take a serious view of the matter.

It is said that if the French population be separated from the foreign population living in France, there has been for several years an excess of deaths over births; and it is feared that in consequence of the decrease of the purely French population in France, that country may before long be reduced to the rank of a second or third rate power. It is said that many of the races of antiquity were entirely killed off by this "disease"—called by Aristotle, oliganthropy.

This condition of things is thought to be due to the voluntary curtailment of the family through artificial measures directed against conception. It is well known that such practices are not confined to France. In many other countries, including England and the United States, the birth rate is declining from similar causes. The whole story is an old one, and has been widely discussed in all its aspects. Ministers and doctors protest loudly against practices tending

to the prevention of conception, but generally in vain.

THE POPULATION OF LONDON.—

The density of the population of London has been doubled since 1887. "It is truly wonderful," says the *Lancet*, commenting on this, "that its vast population of 6,291,667, located on only 693 square miles, should have in 1897 so low a death rate as 17.7 per 1000. This rate is not greater than that of a fairly healthy rural

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD, M.D., LOS ANGELES.

HEMATEMESIS AFTER OPERATION.—(*Amer. Jour. of Obs.*, Sept., 1902, *Br. Gyn. Jour.*, May). So far as his personal experience is concerned Halliday Croom is disposed to think that most cases of hematemesis after abdominal operations are due to sepsis. Sepsis could produce congestion and small hemorrhages in the mucous membranes; and whether sepsis be the actual cause or not, the phenomenon was usually observed in cases which ultimately succumbed to sepsis in some form or other. It is, as a rule, a precursor of death. In the same journal H. Macnaughton Jones reports a fatal case of coffee-ground vomiting and hematemesis following a hysterectomy for multiple myomata.

VAGINAL SECTION AND DRAINAGE FOR PELVIC DISEASE.—(*Amer. Gynecology*, Aug., 1902). In addition to the usual indications for vaginal section, as pelvic abscess, hematocele and puerperal infection,

Dr. T. J. Watkins speaks as follows in regard to the broad ligament cysts: "These cysts can be opened and drained without entering the peritoneal cavity. The cyst is obliterated principally by collapse of its walls, which become agglutinated from the irritation produced by the gauze used for drainage. This is the treatment for all simple non-pedunculated broad ligament cysts. The usual method of removal by enucleation through an abdominal incision is a very dangerous procedure for a comparatively simple pathological condition. The dangers are greater and post-operative sequelae are more numerous than for ovarian cysts on account of the difficulty of the operation, the increased danger of hemorrhage and the large amount of denuded surface that results. With the vaginal operation the danger to life should be little more than the danger of the anesthetic. The technique is simple, the pain slight and the patient should be about after one week. After removal by ab-

dominal section an exudate frequently occurs and lasts for a long time, protracting convalescence and causing distress. This does not occur after vaginal section and drainage. The gravity of an abdominal section in these cases is best illustrated by the fact that it is sometimes necessary to remove the uterus in order to complete the operation.

Thick-walled, broad ligament cysts which originate in the paro-pharion are not applicable for this operation and should be enucleated on account of the danger of malignancy and refilling of the cyst. The greatest difficulty arises in making the diagnosis. In doubtful cases I believe in vaginal section for exploration. In case a simple non-pedunculated broad ligament cyst has not been detected until after an abdominal section has been made, I believe it is usually advisable to abandon the abdominal operation and to open and drain through a vaginal incision. The slight tendency of these cysts to refill is shown by the fact that they often do not refill after they have been accidentally ruptured or have been aspirated, or after a portion of the sac has been excised. None of them have refilled to my knowledge after vaginal section and drainage.

MICROSCOPICAL EVIDENCE OF THE PENETRATION OF ALCOHOL INTO THE SKIN IN HOT-WATER-ALCOHOL DISINFECTION. — (Zeitschr. f. Geb. und Gynäk. Bd. 47. Hft. 3.) K. Fett., To determine whether a watery solution combined with a disinfectant would be as penetrating as an alcoholic, the author rubbed on the one-half of the abdomen of a guinea pig a watery, on the other half an alcoholic (96 per cent.) solution of 20 per cent. copper nitrate. The surface was then washed with 10 per cent. ferrocyanid of potassium

solution. The part was excised, hardened and examined microscopically. It was found that the ferrocyanid of copper with the watery solution had penetrated either not at all, or only into the superficial epithelium, while in the part washed with the alcoholic solution it had extended not only into the epidermis, but also into the connective tissue.

REPORT OF TWO CASES OF TEMPORARY HYPERTROPHY OF GLANDS OF SKIN OF THE AXILLA IN PUERPERAL. — (Trans. Chicago Pathological Soc. April, 1902, Woman's Med. Jour., Aug., 1902.) Dr. C. S. Bacon has had two cases of this affection. The first in a healthy primipara, pregnancy, labor and puerperium normal. Third day after labor a swelling in right axilla appeared, evidently in the skin itself. The skin seemed to be from one-half to three-quarters of an inch in thickness. There were two masses separated by the anterior fold of the axilla. The axillary mass was about one and one-half inches from side to side, and two inches from below upward. The mass on the front of the chest lying over the pectoral muscle was two and one-half to three inches broad and about two inches from below upward. The swelling caused little discomfort and disappeared in three or four days. There was at no time trouble with the breast or nipple. The second case was also a primipara, and like the first except it disappeared to reappear and to remain several days more. An attempt was made to obtain secretion from the mass, without success.

Champneys, 1886, reports cases; in 377, he found 37. It is frequently on both sides, but oftenest on the right. Although no pores were found and there was no sign of a supernumerary breast, yet he was often able to get a secretion from the mass which was

sometimes a granular debris and sometimes colostrum and milk. Champney's first supposition that the mass was due to hypertrophy or increased function of the sebaceous glands of the skin was not confirmed by microscopical examination made in three subsequent cases that died. These results published in *Med. and Chirurg. Trans.*, 1895, Vol. 78, by Champneys and Bowlby show that the sweat glands are involved.

It has long been known that the tubular convoluted glands of the skin differ considerably in size and function in different localities. The greatest differentiation in this kind of gland is found in the ear and axilla, the ceruminous glands of the ear belonging to the same class as ordinary sweat glands. The tubular glands in the neighborhood of the axilla like-

wise differ considerably from those in most parts of the skin, being longer and larger, lying rather beneath the skin than in it, and invested with plain muscular fibres that form a characteristic network. Creighton found that the skin glands of the dog are quite similar to the axillary skin glands of the human. It is hypertrophy of these specialized sweat glands of the axilla that produces these masses in the skin. From Champney's article it would seem these cases are not rare; he has found that condition occasionally in pregnancy. It is generally found, however, three or four days after labor. It is certainly an interesting physiological phenomenon, and possibly of diagnostic value. The only reference to it found in obstetrical literature was in Dakin's Handbook of Midwifery.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTINGER, PH. M., M.D. LOS ANGELES, CAL.

TUBERCULIN AS A REMEDY IN TUBERCULOSIS OF THE LUNGS.—A paper with the above title, which has attracted wide attention, appeared in the *British Medical Journal* of June 7, 1902, from the pen of W. Camac Wilkinson, M.D., lecturer in medicine in the University of Sydney. It is difficult to abstract this paper, for it should be read in its entirety to be fully appreciated.

The success of treatment of pulmonary tuberculosis depends upon an early diagnosis. Twenty years ago early diagnosis was only guess work. After Koch's discovery, the finding of the bacillus was the test. But this fails when most needed. It fails as a test in early diagnosis, because the presence of tubercle bacilli in the sputum is itself a sign that disinte-

gration of tissue has occurred. The great lesson of the last decade has been the paramount importance of detecting pulmonary tuberculosis in the first stage before tubercle bacilli escape into the air passage by the disintegration of the superficial tuberculous lesion, while, in fact, the tuberculous formation is still closed, or, in other words, shut off from the external world, represented by the air passages.

The author is a strong believer in the deleterious effects of mixed infection and believes that the prognosis in a given case depends very much upon the presence or absence of germs other than the tubercle bacillus. The treatment of tuberculosis with tuberculin is specific. It is not a remedy for mixed infection

as its control is only over the changes produced by the tubercle bacillus. In mixed infection he thinks it even does harm. Tuberculin treatment aims at a progressive process of active immunization, radically different from the passive process by which anti-toxic serum is supplied ready made.

The reason that tuberculin failed was because those men who used it did not understand it. They did not know what it was for and expected it to remove dead tissue and restore cells that were exhausted. There is no royal road to success in treating tuberculosis. Each case requires skill, patience, judgment and experience. Even then the efforts may prove fruitless.

A thorough knowledge of mixed infection is indispensable to the treatment of tuberculosis. Mixed infection made shipwreck of the tuberculin treatment in 1891. The effects of mixed infection of various sorts—influenzal, streptococcal, diplococcal—were ascribed to tuberculin. The lesions to which Virchow specially directed attention in fatal cases that had been treated by tuberculin were actually the lesions that commonly occur in severe secondary infections when no tuberculin has been used. Those who use tuberculin must beware of mixed infection.

In animals the curative effects of it have been noted by Kitasato, Pfuhl, Spengler and Beck, in human beings Rembold, Krause, Petruscoky, Spengler and Turban speak highly of its value and in long experience have noted no generalized tuberculosis follow its use. Rembold began as a skeptic, but his own results converted him. Out of 70 cases, 27 were cases of mixed infection and unsuitable for treatment. Of the remaining 43, 16 were in an early stage, 15 of moderate

degree and 12 in an advanced stage. Of the 12 advanced cases, 2 were improved at the end of six years; the rest had died. Of the fifteen cases of moderate intensity 8 were alive at the end of six years; all of them improved. One case was cured. Of the 16 cases in the early stage one died four years after treatment. The rest were alive; 3 greatly improved, 12 permanently healed, 75 per cent. cured.

Krause treated 27 cases with old tuberculin, 12 cases were temporarily healed, 13 improved, 1 lately under treatment in statu quo, and 1 was made worse by injudicious use of the remedy. Krause says: "We came to the conclusion that tuberculin rightly used would have given uniformly good results.

Turban, one of the first authorities in Europe on tuberculosis, treated 86 cases having tubercle bacilli in the sputum with tuberculin. Of these 45, that is 52 per cent. yielded a permanent result. Also 241 cases having tubercle bacilli in the sputum without tuberculin. Of these 95, that is 39.4 per cent. gave a permanent result. Of the 86 tuberculin treated cases, 47 per cent. are now free from bacilli, of the 241 treated without tuberculin only 66, or 27.4 per cent. are now without bacilli.

During the past five years the author has treated 12 cases in stage I, all of which are permanently improved; 23 cases in stage II, all temporarily improved. Of these 35 treated in the course of five years only 3 have died. Of 16 cases in stage III, 9 are dead; 12 deaths out of 50 cases in five years.

The author reviews the work done in the German sanatoria and suggests that they are failing to cure as large a per cent. as they should, and sug-

gests that tuberculin should be used in all such institutions.

The object of treatment by tuberculin is to immunize the tissues against the tubercle bacillus and its toxins. Recent work shows that the agglutination phenomenon is a test of the degree of immunity acquired. In tuberculosis such agglutinating power usually fails to develop, and so the disease does not naturally produce its own remedy. In animals the agglutinating power can be raised from 1 in 10 to 1 in 1500 in goats, and 1 in 3500 in donkeys. Similarly Koch has found that by the use of tuberculin in human beings the agglutinative substances can be increased so that the power of agglutination can be raised from 1 in 10 to 1 in 100 or 200, or even 1 in 300. This is absolute scientific proof of the immunizing power of tuberculin.

REST AND EXERCISE IN THE TREATMENT OF PHTHISIS.—Nae-gelsbach in the *Berliner klinische Wochenschrift*, of February 24, 1902, discusses this subject in an interesting and instructive manner. The principal factors in sanatorium treatment of tuberculosis are a continuous life in the open air, a hardening of the patients against colds and changes of temperature, suitable nourishment and the proper regulation of rest and exercise.

Brehmer laid great stress on exercise for the development of the heart, believing that one of the principal factors in the etiology of tuberculosis was an abnormally small heart. He had his patients walk and climb hills and even those who were running a low temperature were permitted to take such exercises. While he insisted upon exercise, nevertheless one of his rules was for the patient never to tire himself. "The well man rests

when tired, the tubercular patient rests to keep from getting tired" was one of his maxims.

Dettweiler originated the open-air-rest-cure, which consists in having the patients in the open air in a recumbent position so that they may be at as near absolute muscular rest as possible and have fresh air all the time.

At the other extreme from Dettweiler we may place those who are represented by Freudenthal (*Zeitschrift f. Tuberculose u. Heilstaettenwesen*, 1901). He says that "instead of a rest-cure I would much rather recommend a work-cure."

Herman Weber strikes the real truth when he says: "We must concede the right to the individual and not the method."

It is not only the body but also the mind that requires carefully prescribed rest and exercise. The classification of cases suitable for rest and exercise depends upon: first, the condition of the temperature; second, the anatomo-clinical picture of the disease; and third, the constitution of the patient.

The best remedy for an increased temperature is rest. The most effective rest is the bed-rest. Volland and Wolf place every patient whose temperature rises above 37 degrees C., under ordinary conditions, in bed. The author allows a little more latitude, but places every patient in bed whose temperature rises above 37.3 C. For such, an absolute open-air-rest cure is ordered. After one or two weeks of such treatment the temperature usually approaches the normal. Those patients with advanced processes and sub-abnormal morning temperatures, with great weakness and prostration also belong in bed. A patient who has formerly been free from fever and who shows a rise of

temperature is sent to bed at once. Such patients are brought out into the open air as soon as possible, the following rules of Schroeder being the guide. (These rules do not apply in Southern California, for our patient can be in the open air all the time).

1. Absence of chills, sweats, unusual prostration and exhaustion, such as are caused by fever, providing lying in the open air does not cause an increase in the cough.

2. Providing fresh inflammatory changes are not present in the lungs and other organs.

3. The temperature must not rise on getting up.

4. Loss of weight is a contradiction.

In patients with softening, but whose temperatures are normal in the morning, rest in bed is often followed by an amelioration of the symptoms. When the afternoon temperature falls to 37.3 C., with a fall in the evening the patient may remain up until supper, but, if the evening temperature shows a tendency to remain higher than that of the afternoon, then complete rest in bed is necessary.

In many cases one sees slight rises of temperature where there is no activity, e. g., in patients with old pleurises, with chronic bronchitis and with large old cavities. Here one has to do, perhaps, with a slight absorption and must not be worried by the rise of a few tenths of a degree.

The anatomical and clinical condition of the lungs must be borne in mind in prescribing rest or exercise. Patients with large cavities must be more careful than those who have only an apical catarrh, also patients with active processes, especially with many moist rales must, even if feeling well, be very careful, also those who have a tendency to hemorrhage. For all patients coming in these cate-

gories, severe bodily exertions are to be avoided, all quick movements such as lifting, springing, etc., must be interdicted. Many pneumonias can thank such exertions for their start.

Constitutional factors give many points in the prescribing of rest and exercise. The rest cure is above all indicated in all weak, anemic, chlorotic and neurasthenic individuals. Anemic patients with abnormal morning temperatures should lie in bed longer in the mornings.

A rule for walking is that the patient shall rest before he becomes tired, that he shall not allow himself to perspire, that he must not set any special place as the end of his walk and must, if he is going up an ascent, do it at the beginning of his walk while fresh and then have the descent on the return.

The most favorable time for walking has been found to be about half past eight in the morning, from one to one and a half hours before dinner (in the middle of the day) and at twilight.

Those completely free from fever can take three walks a day of about three-quarters of an hour each, not only without harm, but to their own advantage.

It is a good general rule to rest for half an hour before the full meals. Patients usually show a diminished appetite immediately upon returning from a walk. Patients suffering from bronchiectasis find that climbing facilitates the expectoration. Even slight elevations of temperature due to absorption, often disappear after such exercises. Carefully regulated climbing, moderate in amount was found to be beneficial to weak and irregular hearts and to improve slight attacks of bronchitis. Too much, however, was sure to make matters

worse and even cause bronchitis. All walks are at once forbidden if they increase the temperature, no matter how slight they have been.

By the use of breathing exercises in the treatment of tuberculosis, much harm has been done, yet they can be used to advantage in cases where all active processes are quiet, or, where there is no active secretion, and where old, pleuritic adhesions are present. In such cases deep breathing exercises can be prescribed during the rest cure; or, while the patients are walking, they can breathe deeply, raising the arms or bending the hips at the same time. Such exercises should never be ordered for one who is likely to abuse them; for better are they left off rather than abused. The working cure as suggested by Freudenthal is certainly not the best for patients; and, where it can be avoided, it should not be allowed, at least, during the first two-thirds of the period of treatment.

The careful selection of rest and exercise for the individual patients is one of the greatest problems in treating tuberculous cases.

(The foregoing abstract of Naegelsbach's paper gives us the principles underlying the employment of rest and exercise and are well worth study from those who are interested in the cure of tuberculosis. The old idea "Get out and walk," "exercise in the open air," "take breathing exercises" which were formerly given as advice to every tubercular patient have been the cause of many taking the downward road. Exercise is alright for those to whom it is suited, but for those to whom it is not, it is pregnant with harm. It is to be hoped that the day for prescribing either rest or

exercise indiscriminately in cases of tuberculosis, is past. As the hope of cure in these cases increases, the place for routine gives way to carefully prescribed therapeutic measures, and the treatment of this disease assumes a place of far more importance than it has hitherto occupied. He who would treat tuberculosis successfully must ever keep in mind the pathology and clinical course of the disease; otherwise his therapy will be lame and often times harmful. In the words of Hermann Weber, "We must concede the right to the individual and not to the method."—F. M. P.)

ORTHOFORM AS A LOCAL ANESTHETIC IN LARYNGEAL TUBERCULOSIS.—The following combination containing orthoform is recommended by Freudenthal in *Ther. Gazette*:

R. Mentholgr. xv-lxxv 1-5
 Ol. amygd. dulcis.....3i 30
 Vitelli ovorum.....3vi 25
 Orthoformi3iii 12
 Aq. destil. q. s. ad.....3iii 90
 M. Ft. emulsio. Sig.: Apply locally by means of a brush or laryngeal spray.

According to Sendziak, anesthesia produced and the relief of pain last usually a couple of hours and at times as long as twenty-four hours. The orthoform also produces a favorable action on the tuberculous lesions themselves so that he regards the drug as a very valuable acquisition to the local therapy of laryngeal tuberculosis.

The following combination is recommended by McCall:

R. Orthoformi3ii 8
 Resorcin3iv 16

M. Sig.: Apply locally every second day.

The foregoing, he states, has given him excellent results in cases with ulceration and granulations.

In flat superficial ulcerations, such as occur in the epiglottus, orthoform, combined as follows, is preferable:

R. Orthoformi5ii 8

Bismuthi subnit5iv 16

M. Sig.: Use locally by means of insufflation or in the form of an emulsion.

—[Journal American Med. Association.

IODOFORM IN PULMONARY TUBERCULOSIS.—S. S. Cohen, In Amer. Med., states that iodoform ranks as one among the limited number of drugs which have proved valuable in the treatment of tuberculosis. No other iodine compound, according to the writer, has yet been brought forward which takes its place. Its chief value, he states, is in cases presenting signs of infiltration without softening; but if limited softening be present in one portion of the lung, the drug is of service in combating the extension of infiltration elsewhere. After extensive softening and cavity formation have occurred, its use should give way to that of the creosote group of drugs. To be beneficial in the highest degree iodoform should be given in gradually increasing doses over a long period. To begin with, one-half a grain or less may be given thrice daily after meals and very gradually increased to the point of tolerance. In the course of two or three months a daily dose of nine or ten grains will have been reached, which may then be pushed more rapidly until fifteen grains daily are given. A good way to administer it is in capsule form (three to five grains) mixed with balsam of Peru as an excipient. If necessary a digestive agent may be

added or a dose of essence of pepsin may be given an hour later. If deemed advisable, arsenic iodid may be combined with the iodoform, they being chemically compatible and therapeutically synergistic. No one, according to the author, who has persisted in its continued use will forsake it for any of the transient fads of the day.

WHEN THEY MARRY.

In Austria a "man" and "woman" are supposed to be capable of marrying and conducting a home of their own, says the Medical Age, from the age of fourteen. In Germany the man must be at least eighteen years of age. In France the man must be eighteen and the woman fourteen; in Belgium the same ages. In Spain the intended husband must have passed his fourteenth year and the woman her twelfth. In Hungary, for Roman Catholics, the man must be fourteen years and the woman twelve; for Protestants, the man must be eighteen and the woman fifteen. In Greece the man must have seen at least fourteen summers and the woman twelve. In Portugal a boy of fourteen is considered marriageable and a woman of twelve. In Russia and Saxony they are a little more sensible, and a youth must refrain from entering into matrimony till he can count eighteen years and the woman until she can count sixteen. In Switzerland men from the age of fourteen and women from the age of twelve are allowed to marry. In Turkey any youth and maiden who can walk properly and can understand the necessary religious services are allowed to be united for life.—Diet. Gazette.

Dr. F. W. Thomas and family of Pomona have returned from an outing at Catalina.

NAME.	QUALIFICATION.	STREET.	TEL.
AINSWORTH, MISS MARY J.	Masseuse.	1055 W. 35th.	Blue 2851
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
BAILEY, ZOLA A.	Hospital of Univ. of Mich.	839 S. Broadway	Jefferson 5002
BURTON, MISS EVA G.	Graduate Nurse	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6891
BRAME, MRS. MARY A.	Graduate California Hosp.	315 W. 6th.	Main 607
CAMERON, MISS KATHERINE.	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.	Childrens Hospital Sau Fran.	The Milton	John 4721
CRAWFORD, MISS M. A.	Trained Nurse.	1417 Pleasant St.	Main 912
CLARK, MISS ALTHEA F.	Graduate California Hosp.	145 W. 17th.	Blue 6524
COSTER, MISS E.	Graduate Middlesex Hospital London.	432 S. Main.	White 2062
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	202 W. 27th.	Blue 571
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
DAKIN, MISS ADA W.	Graduate California Hosp.	2704 S. Main.	Blue 5465
EHKMAN, MISS IDA M.	Trained Nurse.	1947 Estrella Ave.	Blue 616
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass.	912 W. 5th.	Red 481
GREGG, MISS MINNIE M.	Trained Nurse.	1018 W. 8th.	
GILBERT, MISS A. J.	Graduate Nurse.	1350 Palm.	Blue 5576
HARRIS, MISS LINDA C.	Graduate Lake Side Hospital, Chicago, 1895.	The Colonade, 330 S. Hill.	John 221
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th.	Main 793
HEAPS, MISS C. B.	Graduate California Hosp.	Hotel Clarendon.	Red 3851
INMAN, GINERVA	Graduate Nurse.	315 W. 6th.	Main 607
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill.	White 4661
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KOHLER, MISS MARGERET....	Graduate Nurse.	1350 Palm.	Blue 3576
KENDALL, MISS MAUDE.....	Graduate Nurse	1507 S. Grand Ave.	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	127 W. 28th.	West 228
LAWSON, MISS	Graduate Nurse.	623 W. 15th.	White 1451
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
LEWIS, MISS E. P.	Graduate Nurse.	1000½ S. Main.	Blue 6408
MILL, R. MISS FLORENCE....	Graduate California Hosp.	215 W. 16th.	Blue 4661
PURDUM, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801
POTSCHERNICK, MISS.....	Graduate Nurse.	728 S. Hill.	Red 4581
READ, BEATRICE.	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SIMPSON, MISS LILLIAN.....	Graduate California Hospital.	1236 W. 22d.	White 3656
SULLIVAN, MISS KATHERINE.	Graduate Nurse.	315 W. 6th.	Main 607
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801
SERGEANT, MISS.....	Graduate California Hosp.	2808 S. Hope.	White 576
TOLLAN, MISS H.	Graduate California Hosp.	The Munroe, 411 W. 2d.	John 1056
WILLIAMS, MISS CAROLYN	Graduate California Hosp.	Hotel Broadway.	South 136
WOOD, MISS A.	Graduate California Hosp.	1559 Shatto.	James 4391
Male Nurses.			
HERBST, THOMAS CHAS.	Nurse 20 years' experience.	Rm. 10, 119½ W. 1st	Brown 310
HARDIN, F. S.	Professional Masseur. Massage under Physicians' directions, 9 years' experience.	1204 W. 22d.	White 9440
JONES, T. L.	Professional Nurse and Masseur.	Y. M. C. A. R'm 23 309 S. Broadway.	Day, M 963. N'gt and Sun. M 809
PUPKE, EDWARD H.	Professional Masseur. Scientific Massage and Rubs. Late of Las Vegas Hot Springs.	416 Crocker.	Black 4579
TORREY, ROBERT S.	Nurse.	259 Avenue 23.	Alta 11
WYATT, JOSEPH D.	Nurse—Special experience in nursing in Diseases of Mind and Nervous System.	537 Orange Grove Ave., Pasadena.	Main 79

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTEGER, M.D., Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

THE LOS ANGELES MEDICAL COLLEGE.

The winter term of the medical department of the University of Southern California will begin on October 16.

During the summer the buildings have been undergoing repairs and a number of changes have been made that will add to the convenience of teaching. The prospects are good for a large class, and it seems probable that the number in attendance will exceed that of any previous term.

The faculty of the college take the stand that this institution shall be as good as the best. There seems to be no reason why the instruction given here shall not be as good as that given anywhere else. We now have good hospitals and a number of them

and the thing to be done is for the teachers to utilize the material.

The management of the Good Samaritan Hospital is to be commended for having made provision in the plans for the new building for free beds, and an ampuitheater. Every hospital with free beds should provide for a clinic.

The suggestion that original research be done at the college is a good one. The college now has the equipment and the men, and there is no one thing that would so quickly add to its reputation.

We understand there are to be special lectures this winter on the hygiene of the mouth. The importance of this subject will justify a course of lectures. The faculty have in contemplation the establishment of

a chair of electro-therapeutics. This will be an important addition to the instruction now given.

Dr. J. H. McBride, the new dean, has suggested that in the near future there shall be instruction in dietetics and in the preparation of food for the sick. Considering that the sick man's food is quite as important, if not more so, than his medicine, it is surprising how little attention has been paid to this subject. We hold that every doctor should know something of the chemistry of cooking and the application of this knowledge to the treatment of disease.

We are glad to note that the college is making progress. Every teacher in a medical college is on trial. The day of slipshod teaching is passed, each medical teacher is being daily compared to those of other colleges and his work is every year to be judged by a higher standard.

The college is now out of debt, and has an established reputation. It ought to, and doubtless will, continue to grow in patronage, in efficiency and in reputation—Every member of the faculty should feel that success depends in some measure upon his individual work and he should try to make this year the best in the history of the college.

URINARY ANALYSIS IN PHTHISIS.

An article on the above subject, by that eminent authority, S. Edwin Solly, M. D., of Colorado Springs, appears in the *International Medical Magazine* for September, 1902.

Dr. Solly says that in every case of phthisis a urinary analysis should be made and repeated from time to time.

"Bramberger, in an analysis of several thousand autopsies in which Bright's disease was secondary to some other affection, says that 15.7 per cent, were secondary to tuberculosis, phthisis and scrofula. He further found that in chronic phthisis parenchymatous and tubular nephritis were more common than the lardaceous. Williams says the super-vention of albuminuria is far from rare.

"Flint's statistics indicate that Bright's disease is very rarely a cause or preceding condition of phthisis, but that it is a not infrequent sequel. This also agrees with my own observations. As the treatment of Bright's disease is so largely dietetic, its early recognition in phthisis is more valuable than in most other diseases, because the large quantities of meat and eggs which are usually prescribed in phthisis have to be curtailed in Bright's disease, particularly the use of eggs, which should be absolutely interdicted. As far as possible, milk should be largely increased. During the administration of highly nitrogenous food, particularly of eggs, albuminuria without nephritis not infrequently appears, and is an indication that the alimentation is being pushed too far in that direction.

"Tuberculosis of the kidney sometimes occurs in the course of chronic phthisis. While it is usually a hopeless disease, yet early recognition and

treatment often prolong life and alleviate suffering. As the most common form of renal tuberculosis is pyelitis, pus and blood are generally found in the urine. In all cases albuminuria appears early. The detection of bacilli in the urine is more or less difficult and tedious. This search has, however, been much facilitated by the use of a new decolorizing agent and counterstain composed of absolute alcohol three parts, rosolic acid one part, and methylene blue to saturation. Urinary analysis also assists the detection of tuberculosis in other portions of the genito-urinary tract.

"The Urinary secretion is usually but not always, diminished during the course of sweating. The urea is often increased during hectic, but diminished with vomiting, diarrhea and pleural effusion. The chlorids are increased during hectic or are diminished with copious expectoration and may disappear during an intercurrent pneumonia. All that is usually needed is an ordinary chemical analysis. If that reveals albumin or sugar, of course microscopic and other tests must follow.

"When the specific gravity is not normal, then it is well to insist upon a measurement of the urine for twenty-four hours. When it is high and the amount of the urine is normal, for practical purposes, it may be taken to indicate an excess of uric acid. When there is an excess of urates it shows a faulty metabolism, and we may look further and find the uric acid diathesis lying behind it. Therefore, matters of diet, rest,

exercise and personal idiosyncrasy have to be investigated.

"A hyperacidity of the urine is generally found where the secretion is scanty and when it persists it is most often an indication of renal lithiasis. An alkaline urine when taken after the meal has been digested and ammonia is present, indicates cystitis, or when caused by a fixed alkali, it may prove that there is an excess of vegetable in the diet or that an anemic or neurasthenic condition is present."

DEATH OF VIRCHOW.

The death of Prof. Virchow, the father of modern Pathology, occurred in Berlin on September 5. A few weeks previous he had fallen from a street car, since which time he had been gradually failing, so that his death was not without warning.

Virchow came from a most humble parentage, his father being a poor Pomeranian farmer. While he was father of modern Pathology and one of the greatest scientists of the age, yet he was also Doctor of Archeology and studied in person the works of the ancient Greek and Egyptian physicians. With Schliemann he traveled in Egypt, and the Peloponesius, and took part in excavations and work leading to valuable discoveries. He was also an enthusiastic Anthropologist and published a work upon the inhabitants of the Philippine Islands. He was also one of the great political powers of Europe, and became City Councillor of Berlin in 1859, serving continuously for more than forty-two years. In 1862 he was

elected to the Prussian Chamber as one of the Radical party, and continued a member of that body to the day of his death. He was for twenty-five years chairman of the Committee on Finance. From 1880 to 1893 he was a member of the Reichstag. He was a bitter antagonist of Bismarck, politically, and at one time the latter challenged him to a duel, but the meeting was prevented by the intercession of friends. In 1892 he was reinstated as Rector of the University of Berlin, a position which he lost through his extreme Radicalism in 1887. While being the greatest scientific character of the age, he also set the profession an example by his great usefulness in public life.

LOVING-CUP AND BANQUET FOR DR. BRAINERD.

Thursday evening, September 18th, the faculty of the Medical College of the University of Southern California tendered a complimentary banquet to Dr. H. G. Brainerd, on his formal retirement from the Deanship of the Medical College of the University. Thirty members of the faculty were present; also Dr. Charles Hughes of St. Louis, who happened to be in the city, and Professor Phillip Mills Jones of the University of California. Dr. Geo. L. Cole presided, while to his right sat Dr. H. G. Brainerd, the guest of honor, and to his left Dr. J. H. McBride who succeeds Dr. Brainerd as Dean. Dr. H. Bert Ellis made a talk expressing the appreciation of the faculty for the valuable work done by Dr. Brainerd, and their regrets that he found it necessary to

resign. In conclusion Dr. Ellis presented Dr. Brainerd with a beautiful loving cup. Dr. Brainerd, blushing like a young girl, responded as best he could, and expressed the desire and belief that the faculty would give Dr. McBride the same earnest, hearty support that he had received. There were quite a number of other felicitous speeches, among them being that of Dr. Hughes of St. Louis. He said that his whole life had been associated with medical colleges and that he began lecturing on Military Surgery, when twenty-two years of age at the request of Dr. Hodgen. Dr. Hughes said that the reputation of Dr. Brainerd as an alienist was not confined to Southern California, to California or to the Pacific Coast, but was national in its extent. The evening was closed with an address by Dr. McBride, which appears on another page.

A PRACTICE FOR SALE.

We have received the following letter from a gentleman who is located in one of the most delightful sections of California, about 50 minutes by rail from Los Angeles. He says:

"I am anxious to dispose of my present location and holdings and remove to Los Angeles. I have a house of ten rooms, with barn on same lot. Property cost \$2000. My practice runs from \$250 to \$400 per month, with good collections. I offer the property and my business for \$2500. If you know of anyone desiring to locate in Southern California will you kindly send him to me. I could have disposed of my property

and location to at least six Eastern men who were frightened away by the State Examination."

Any person interested, by sending his address to this office, will be put in communication with this physician.

PREVENTIVE MEDICINE.

The time for the competition for the best essays on Preventive Medicine, for which a first prize of \$1000 in cash and a second prize of \$500 in cash were offered by the Maltine Company, has closed. They have received 208 essays. These essays are now in the hands of the three judges, Dr. Daniel Lewis of New York, Dr. Charles A. L. Reid of Cincinnati, and Dr. John Edwin Rhodes of Chicago. This is certainly a most laudible enterprise of the Maltine Company, and the decision of the judges will be awaited with interest. What will be of greater interest will be the publication of the best of the essays, which we trust will be promptly done.

LOS ANGELES GRADUATES.

It is worthy of note that at the last meeting of the Board of Medical Examiners of the State of California held in Los Angeles, the ten graduates of the medical department of the University of Southern California, who came up for examination all passed, with grades varying from 78 to 92 per cent., the average being 84 per cent.

It is also a noteworthy fact that in all the States of the Union where they have examining boards, and any of the students of our medical department have come up for examination, there is a record of only one

failure to pass, and this single failure was a Chinaman. E.

NURSES' DIRECTORY.

We call special attention to our Nurses' Directory. It is arranged now so that the name, street and telephone number can be readily found. One of the trials of physicians is not to be able to find a nurse when desired, and it is our aim to have a directory of first-class nurses that the Los Angeles practitioners will find of great convenience. Any physician who may have nurses whom he particularly wishes to employ would do them a favor by suggesting that they send their cards to the Southern California Practitioner to be put in this accessible form.

KASPARE COHN HOSPITAL.

On September 21st this new hospital, located at 1443 Carroll avenue, Los Angeles, was dedicated. It is a gift from Mr. Cohn to the Jewish Benevolent Society. There are twelve beds and two nurses. At present, owing to the limited accommodations, only Jews will be admitted. This is a creditable charity, and will doubtless prove one of the important institutions of Southern California.

EDITORIAL NOTES.

Dr. C. L. Case of Pasadena has located in Ramona, San Diego county.

Dr. Sophia L. Gault has opened an office in the Keifer cottage at Monrovia.

Dr. H. Nadeau of Los Angeles has been spending his vacation at Wheeler Springs.

Dr. C. W. Girdlestone of Riverside, took a ten days' outing at Catalina Island in September.

Dr. Henry Waldo Coe of Portland has been elected president of the Oregon State Medical Society.

Dr. E. W. Fleming has just returned from San Francisco, where he has been taking a short vacation.

Dr. Isaac Saylim of the Santa Fe Hospital at Albuquerque, is enjoying a short vacation at his home in Monrovia.

Dr. Charles D. Lockwood, of Los Angeles and Pasadena, has just returned after two months in eastern hospitals.

Dr. Marie B. Werner, of San Diego spent a few days visiting friends in Los Angeles the latter part of September.

Dr. C. Bardill has returned to his home in Monrovia after an outing with his family at Long Beach.

W. T. Wallace, M.D. (University of Michigan, 1884), has located in Hemet, California, for the practice of his profession.

Dr. T. C. Stockton, for many years the Health officer of San Diego, has been, accompanied by his wife, taking an extended eastern trip.

Dr. O. S. Brown, Santa Fe surgeon at Winslow, Arizona, spent a few days in the latter part of September at Wildomar, Riverside county.

Dr. Raymond G. Taylor, formerly of San Jacinto, has returned to Los Angeles to practice his profession, and will office with his uncle, Dr. E. R. Smith.

H. W. Beecher said: "There are many troubles which you cannot cure by the Bible or hymn book, but which you can cure by perspiration and fresh air.

We have received a copy of pamphlet entitled "Fear as an Element of Nervous Diseases and Its Treatment," by John Punton, M.D., Kansas City, Mo.

Dr. J. John Page, a retired physician of the United States Navy, has arrived in Pomona from Boston, to spend his fifth winter in our Southern California city.

The Hot Springs Medical Journal comes to us in a neat and attractive new dress and under the editorship of Dr. James T. Jelks, with Dr. Thomas G. Holland as associate editor.

Dr. H. C. Stinchfield has been spending a few days in Yuma, Arizona, looking after the practice of Dr. P. G. Cotter, who was enjoying a much needed vacation in California.

Dr. R. A. Campbell of Ontario has been temporarily disabled on account of a surgical operation, and during his disability Dr. Thad L. Johnson of Pomona has been attending to his practice.

The Southern California Homeopathic Society have been holding an interesting meeting in Los Angeles

under the presidency of Dr. S. H. Boynton. This is their twelfth annual session.

Dr. D. S. McCarthy of Los Angeles has just returned from a four months' visit to his old home in Canada. We are happy to see the doctor looking so well, his vacation having undoubtedly been of great advantage to him.

We have received number 1, volume 1 of the Journal of the Michigan State Medical Society, published at Detroit with Dr. A. P. Biddell as editor. This new publication makes a very pleasing introductory bow to the profession.

Dr. George W. Lasher and Dr. Granville MacGowan have been spending their vacation in the wilds of Idyllwild. Dr. MacGowan achieved quite a name as a hunter, while Dr. Lasher became noted for his ability as a horseman.

"The Rational Treatment of Movable Kidney and Associated Ptozes," by A. Ernest Gallant, M.D., New York city, is a valuable reprint from The Therapeutic Gazette for July, 1902. Any person interested will be sent a copy on application to the author.

We have just received a reprint by Bransford Lewis, M.D., of St. Louis, on "The Operative Treatment of the Prostate." This is a very interesting monograph, and any person who is interested in this subject will find it profitable to write Dr. Lewis, 627 Century building, St. Louis, and get a copy.

The Medical Book News, Volume 1, Number 2, is at hand. It is published bi-monthly by P. Blakiston's Son & Co., Philadelphia, and has a literary flavor about it that is welcome and refreshing. Sample copies will be sent to any physician on request.

The Bisbee, Arizona, Review speaks in the highest terms of the Cochise County Hospital located at Tombstone. This hospital is under the management of Dr. J. E. Bacon. The doctor has about forty patients there, each paying 80 cents per day, which includes medical treatment, medicine, clothing and food.

Dr. J. B. Mattison of Brooklyn, N. Y., offers a prize of \$400 for the best paper on the subject "Does the habitual subdermic use of morphia cause organic disease? If so, What?" Contest to be open two years from December 1, 1901, to any physician, in any language. All papers to be handed in by December 1, 1903.

Mr. C. B. Ball, Regius professor at the University of Dublin, made a few days' visit to Los Angeles last month; went over to Catalina Island, and had great sport fishing. His largest catch was a tuna which weighed about 100 pounds. While in Los Angeles he was the guest of Dr. LeMoyne Wills at the California Club.

"A Review of the History of Cardiac Pathology, with Especial Reference to Modern Conceptions of Myocardial Disease," by Alfred Stengel, M.D., Professor of Clinical Medicine,

University of Pennsylvania. This is a scholarly monograph that Professor Stengel will have forwarded to any physician who is particularly interested.

Dr. Bim Smith, formerly of Los Angeles, is successfully practicing his profession in Hermosillo, Sonora, Mexico. He and his partner, Dr. R. V. Vanneman, are the only American physicians there. They have recently opened a private hospital and installed a new X-ray machine. Many Los Angeles friends are glad to know of their success.

Pasadena now has a home for household pets, where the same may be left during the absence of the owners to the beach, the mountains, or in the East. Connected with the home is a hospital, where sick pets may have the attention of a thorough veterinarian. The term "Household Pets" includes cats, dogs and birds, but not children.

We have received the announcement of the opening of the Oakland College of Medicine and Surgery. The first session began September 15, 1902. We see no reason why this institution should not be a success; and in the hands of such eminent men as Drs. Crowley, Adams, Krone and others who compose the faculty, we know that good work will be done.

Dr. F. M. Pottenger has been appointed corresponding member of the International Central Bureau for the Prevention of Tuberculosis. The first meeting will be held in Berlin

October 22 to 26 of this year. The purpose of this organization is to have charge of the world's campaign against tuberculosis, as outlined in the September issue of the Southern California Practitioner.

Dr. Harry S. Bell, of Tucson, Arizona, died about 8 o'clock on the evening of September 17. He came to Tucson from Denver in June, hoping to be benefited by the change, but failed rapidly and had a hemorrhage which resulted in his death. He was twenty-nine years of age and a graduate of the Medical Department of the University of Pennsylvania. The body was shipped to Butler, Pennsylvania.

There have been several cases of typhoid fever in Tucson, Arizona, and the Board of Health has been taking active steps to check the spread of the disease. The following physicians have been co-operating with the board by invitation:

Drs. Fenner, Olcott, Purcell, Whitmore, Burton, Matas and Bodio. These physicians believe that the disease is due in part to the water, milk, and cess-pools. All cases will hereafter be reported to the City Health Officer.

The Philadelphia Medical Journal for September 20, has a trenchant editorial urging that the historic Blockley Hospital be given a medical superintendent. The superintendents heretofore have always been laymen, and the administration has not been satisfactory. The sooner the world recognizes the fact that the superintend-

ence of hospitals is a special field for physicians, the better it will be for these institutions and for the patients who may be cared for in them. We trust that the Medical Journal will be successful in its efforts.

Dr. Donald Frick, of Metcalf, Arizona, was married Monday evening, September 15 to Miss Irene Stephens, daughter of Judge and Mrs. Albert M. Stephens. The wedding took place in Christ Episcopal Church. The ceremony was performed by Rev. Dr. George Thomas Dowling, after which there was a reception and dance at Kramer's Hall. Dr. Frick is one of our Los Angeles young men, of whom we are all proud, and he is the company physician for the Arizona Copper Mining Company. His bride is the daughter of one of the most distinguished Los Angeles families, and we have every confidence that a happy and brilliant future awaits this young couple.

We have received from Surgeon-General Walter Wyman a monograph by Surgeon H. R. Carter, issued by the Yellow Fever Institute, entitled, "The Methods of the Conveyance of Yellow Fever Infection." In conclusion, he says:

"To sum up:

"For the belief that yellow fever is conveyed in nature only by a host and doubtless a mosquito host, we have:

"1. The analogy of other diseases conveyed by insect hosts.

"2. That all facts observed about the propagation of yellow fever agree

with the necessary deductions of this theory.

"3. No other theory explains all the facts observed of its propagation."

The Pacific Medical Journal editorially criticises the State Board of Examiners, accusing them of using some unfair questions. "Take, for instance, such a question as 'Define cryoscopy.'" The editor goes on to say: "Among many who failed to answer this absurd question were four graduates of Johns Hopkins." He says also: "Another question may be cited, and this question is 'Describe Hanot's disease of the liver.'" The writer in the Pacific Medical Journal says this man's name does not appear in the latest text books and dictionaries: "is not even mentioned in Dunlingson's Medical dictionary, 1900; Duane's Medical dictionary, 1900; Dorland's Medical dictionary, 1901; Thomas' Medical dictionary." Another curious question is "Define pollakiuria."

We had the pleasure recently of meeting Dr. George C. Pardee of Oakland, the Republican nominee for Governor of California. Dr. Pardee is an able, honorable and interesting gentleman, and an oculist who has achieved much more than ordinary success. Like Virchow, whose personal pupil he formerly was, Dr. Pardee has always taken an interest in the welfare of his city, county and State. He made a strenuous and independent mayor of his own city. Being a Republican ourselves, we hesitate to advise physicians, as phy-

sicians, of the importance of voting for an able member of their profession to be the chief executive of California; we can at least say this: That we are confident that Dr. Pardee as Governor of California will reflect credit upon his profession.

We have received an interesting pamphlet entitled "What Shall We Do With the Consumptive Poor?" by S. A. Knopf, M.D., New York City. This address was delivered before the National Conference of Charities and Correction, at the meeting in Detroit, June 2d, 1902. In conclusion, Dr. Knopf says: "Sanatoria for con-

sumptive adults, as well as seaside sanatoria for scrofulous and tuberculous children are a crying and urgent necessity for the majority of our large American cities. I am convinced that if our generous and wealthy fellow citizens could but see for themselves these conditions we would soon have better tenements, more playgrounds and parks for children, and an abundance of sanatoria and hospitals for our consumptive poor. Thus we would come nearer to the solution of the tuberculosis problem than we have ever been before in the United States."

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF GYNECOLOGY.—For students and practitioners. By E. C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; Fellow of the American Gynecological Association; Corresponding member of the Societe Obstetricale et Gynecologique de Paris; Fellow of the British Gynecological Society; one of the founders of the Congress Periodique International de Gynecologie et D'Obstetrique; Ex-president of the Chicago Gynecological Society. Third edition, revised and enlarged. With 474 illustrations, of which 60 are in colors and 22 full-page plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York, 1902. Price.—Cloth \$5.00, Leather \$6.00, Half Morocco \$6.50.

The first and second editions of this work have already been fully reviewed in the Southern California Practitioner, and now the third edition comes to us considerably enlarged and with great improvement in the illustrations. The latter are all excellent, especially the illustrations on Vaginal hysterectomy; also the illustrations on ovariectomy and salpingectomy. They are almost equal

to the demonstration in the operating room; in fact, in some ways they are superior.

From the author's student life up to today, it has always been his habit to do thoroughly everything he undertook, whether it be to act as valedictorian for his class at the Long Island College Hospital in 1875, lecturing to the students of the college in which he is professor, or writing a treatise on Gynecology. This last effort is one of which both he and his friends may well feel proud.

THE PRACTICAL MEDICINE SERIES OF Year Books, comprising ten volumes on the year's progress in Medicine and Surgery, issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. VOLUME IX.—Physiology, Pathology, Bacteriology, Anatomy. Pathology edited by W. A. Evans, M.D., Professor of Pathology, College of Physicians and Surgeons, Chicago. Bacteriology edited by Adolph Gehrman, M.D., Professor of Bacteriology, College of Physicians and Surgeons, Chicago. Price \$1.25.

August, 1902. The Year Book Publishers, 40 Dearborn Street, Chicago.

This is an interesting volume, and we call special attention to the chapter on Physiology, which is devoted particularly to the antibodies. In conclusion the author says:

"The cytotoxins obey the same general laws as the hemolysins. They lose their toxic property by being heated to moderate temperature and are easily regenerated on the addition of the serum of a normal animal. If the host of witnesses we have just quoted is not very much mistaken, it is established that not only does every species of animal possess its own species of proteid molecule, but also that the proteids of the various organs of each species differ from one another.

"Summarizing the whole matter, it seems that a new biologic law has been established. Foreign proteid molecules acting on certain living cells give rise to the production of chemical bodies having a specific relation to the substance under the influence of which they were produced; such bodies may be called antibodies."

A HANDBOOK OF MEDICAL CLIMATOLOGY.—Embodying its principles and Therapeutic Application with Scientific Data of the chief health resorts of the World. By S. Edwin Solly, M.D., M.R.C.S., late President of the American Climatological Association. Illustrated in black and colors. Lea Brothers & Co., Philadelphia and New York, 1897. Price cloth, \$4.00.

Although this work was published nearly five years ago, yet it has just come into our hands, and we have been delighted at its systematic arrangement and comprehensive scope. The author, although a resident of Colorado Springs, has treated all sections of the world with judicial impartiality. Many physicians in the United States know Dr. Solly personally, and they will recognize the same delightful style in his writing

that there is in his conversation. No library on Climatology will begin to be complete without this volume.

LEA'S SERIES OF POCKET TEXT BOOKS.—

Materia Medica, Therapeutics, Medical Pharmacy, Prescription-Writing, and Medical Latin: A manual for students and practitioners. By William Schleich, Ph.D., M.D., Instructor in Pharmacy in the University of Pennsylvania. Series edited by Bern B. Gallaudet, M.D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, New York; Visiting surgeon Bellevue Hospital, New York. Second Edition, revised and enlarged. Lea Brothers & Co., Philadelphia and New York. Price, cloth, \$1.75. Limp leather, \$2.25.

Here is a practical handbook brought down to date. All of the very latest drugs are included, so as to put the reader abreast of the times. The index of new remedies, giving dosage and therapeutic action, occupies several pages. Quite a portion of the book is taken up with Dietetics. These pocket text books have proven uniformly worthy of approbation and the fact that this volume has in so short a time reached a second edition indicates the favor with which it has been received.

DISEASES OF THE STOMACH.—Their special pathology, diagnosis, and treatment, with sections on anatomy, physiology, chemical and microscopical examination of stomach contents, dietetics, surgery of the stomach, etc. By John C. Hemmeter, M.D., Philos. D., Professor in the Medical Department of the University of Maryland, Baltimore; consultant to the University Hospital, and Director of the Clinical Laboratory; author of "A Treatise on Diseases of the Intestines," etc. With many original illustrations, a number of which are in colors, and a lithograph frontispiece. Third enlarged and revised edition. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1902. Price \$6.00 net.

The statement which we have recently made in the Practitioner, that the supremacy of surgery in the medical profession was giving way to an overwhelming interest in internal medicine, is confirmed by the appearance of this, the third edition of this important work on Diseases of the

Stomach. The first edition appeared less than five years ago. The work is dedicated to Professor Wm. Osler, and from the title page to the end, here and there, brief but pointed classical quotations, which give a delightful atmosphere to the book. One of the most important departments of this volume is that devoted to Dietetics, giving, as it does, a thorough exposition of the dietetic treatment of gastric diseases, standards of diet for various diseases, giving an excellent variety of diet lists, and also telling in detail how to prepare the various foods recommended. For sensitive, diseased stomachs we often think and study anxiously to find something that will be readily digested; this is a volume we can always turn to with confidence on such occasions.

"Lavage and the Gastric Douche" is a subject which is valuable to us all. We can heartily commend this volume as one that will prove useful to every physician who is fortunate enough to have it in his library.

THE ROLLER BANDAGE. — By William Barton Hopkins, M.D., Surgeon to Pennsylvania Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases, with Illustrations, fifth edition, revised, J. B. Lippincott Company, Philadelphia, 1902.

The work shows by illustrations every variety of bandage, each different turn as it is made, describes the exact size, mode of application, and use to which the bandage is put, including plaster-of-paris work. It is thoroughly well indexed and sells for \$1.50.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia,

U. S. A., with the Collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London, with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume 2, 12 series.

The International Clinics come always as welcome additions to our library. The present volume, however, is worthy of more careful study than the ordinary.

The departments of Therapeutics, Medicine, Surgery, Obstetrics and Gynecology, each has articles of unusual interest. The place recently given to biographical sketches of eminent living physicians, in this volume is occupied by a short biographical sketch of Dr. John B. Murphy. The many admirers of this noted surgeon will find something of interest in it; his method of dealing with the financial end of his practice is spoken of frankly and is quite unique.

Under special articles that on page 261 by Howard A. Kelly, giving "Some Notes Upon the Management of the Modern Private Hospital," is something of a biography, telling much of his daily routine and method, and has much of interest in it aside from strictly hospital management.

On page 67, F. Legueu, Paris, reports two cases of immediate death caused by spinal injection of cocaine. In the first case death took place three or four minutes after the beginning of the operation or about a quarter of an hour after the injection. It was a case in which there was much atheroma and cerebral congestion. He says, "I was provoked with myself for not having used chloroform, and on the whole I was convinced that the blame was more mine than that of the anes-

thetic agent. I therefore continued to have recourse to the spinal method with other patients, and with satisfactory results. A few weeks later, however, a second accident occurred to interrupt the series of our operations, and this one gave me more cause for reflection."

"In this case, the operation had not been commenced; his loss of sensation had not been obtained when death took place. The region for the operation had just been washed and prepared when it was noticed that the patient was breathing with difficulty, and he then vomited twice; his face was pale and his forehead was covered with sweat, and immediately afterward his breathing became very slow. Two injections of ether were made and oxygen given, but respiration stopped entirely and death occurred without a struggle or cry, the patient's face being as pale as wax."

In conclusion, he says: "I do not wish to be understood as condemning, in toto, the spinal use of cocaine; on the contrary, I believe that it will remain as a method of anesthesia confined within certain limits. There are indications and contraindications with which we are yet unfamiliar."

An interesting chapter on the "Passive Movements and Massage for the Treatment of Fractures" is given by Prof. Lucas-Championniere. It would not be difficult to find those taking exception to his recommending the applying movements a day or two after the fracture.

Another very interesting article is that by Charles Gibbs of England, on "Perforating Bullet Wounds of the Central Nervous System." He gives his experiences in some very interesting cases in the South-African War.

Nicholas Senn gives the stenographic report of a very interesting clinic which embraces some thirteen pages.

Howard Kelly also gives a reported clinic embracing about the same number of pages. There are many more very interesting articles, but these mentioned are enough to show the general trend of the volume.

PHYSICAL DIAGNOSIS, DISEASES OF THE THORACIC AND ABDOMINAL ORGANS: A MANUAL FOR STUDENT AND PHYSICIAN. By GEORGE F. FISHER, M.D., Professor of Clinical Medicine and Associate Professor of Therapeutics in the University and Bellevue Hospital Medical College; Attending Physician to Bellevue and St. Luke's Hospitals; Consulting Physician to Beth-Israel Hospital; Member of the New York Academy of Medicine, etc. Illustrated with 74 Engravings and 12 Monochrome Plates. Lea Bros. & Co., Philadelphia and New York, 1902.

In recent years diagnosis has made very rapid strides. Newer methods are ever making it more and more exact. While many books treating on physical diagnosis have appeared recently, the one now under review will certainly make a place for itself. It is indispensable to the man who wishes to know the reason for things. The chapters treating of the respiratory system are especially helpful. One reason that the finer changes in the lungs are not more often discovered is due to insufficient understanding of the manner in which the phenomena obtained upon inspection, palpation, percussion and auscultation, are produced. This the author has made very plain, and no one can study this book without feeling an awakened interest in the careful examination of chests. The chapters treating of the circulatory system and the abdominal organs are also written in the same careful explanatory style. It is a book not only to be read but to be mastered.

F. M. P.

"The Syllabus of Bacteriology" is an important little work issued by the Palisade Manufacturing Co., Yonkers, N. Y. Every physician

should send to this company and get one of these pamphlets. While advertising Borolyptol, this enterprising firm is doing a great deal towards disseminating valuable scientific knowledge.

The same firm have also issued a work entitled "The Essentials of Hematology." This work, like the one just mentioned, is graphically illustrated, and will be sent to members of the profession on application.

THERAPEUTICAL HINTS.

PERVERSE DIGESTION OF INFANTS. Arthur W. Condict, M.D., Dover, N. J., in Philadelphia Medical Bulletin.

Owing to its remarkable action in digesting the casein of milk (converting the hard curds into assimilable products) Caroid has become one of the best correctives of infantile indigestion thus far discovered. One grain of Caroid Powder dissolved in sweetened water, and given after feeding, will aid the digestion of the most capricious stomach of even the "bottle-fed" infant. On account of its convenience and palatability, the majority of physicians prefer the Essence of Caroid instead of the powder (one-half teaspoonful after feeding).

In a case where it is difficult to find any food that the infant's stomach will tolerate, heat pure, fresh milk until lukewarm. To each feeding of three or four ounces add one-half teaspoonful of the Essence of Caroid, or about two grains of Caroid, previously dissolved in a teaspoonful of water, stirring it in. After two or three minutes the curd will be formed, after which stir thoroughly until the milk is almost reliquefied, when it may be diluted as thought necessary, with water (use lime water in case of much vomiting, indicating an excessive acid condition of the stomach) and after again warming, feed through a nipple as in ordinary bottle feeding.

The advantages of the above are: 1. The curd is avoided. It is impossible for another curd to be formed after milk is thus treated. 2. Caroid action will go on in the infant's stomach and intestines until the casein is peptonized.

When Caroid is added to milk it should be fed within a few minutes thereafter, else it will acquire a bitter taste.

TWO OLD FRIENDS.—We have received some Five-Grain Antikamnia Tablets, and also tablets of this drug combined with Codeine. Antiker is, as its name implies, is an analgesic and anodyne and it has gained much favor in the United States both for this and for its antipyretic action. It has been proven not to depress the heart after the manner of many other coal-tar preparations. Each Antikamnia Tablet contains 5 grs. of the drug (the usual dose), which can be repeated every fifteen or twenty minutes, until three or four doses have been taken. Antikamnia and Codeine Tablets consist of 4-3-4 grs. of Antikamnia and 1-4 gr. of Codeine and have been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist. Neuroses due to suppressed or irregular menses, particularly during the menopause, seem more amenable to this combination than to Antikamnia alone. Antikamnia and Codeine Tab-

lets are especially indicated in membranous affections of the lungs, throat and bronchii. Both tablets merit a trial in neuralgia and spasmodic ailments and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favor.—Edinburgh Medical Journal.

PAPINE.—In discovering this drug, Battle & Co. have conferred a lasting favor on the medical profession. We know the opium of which they make their Papine is the best. Papine has a place in my medicine case and it is emptied as often as any vial in the whole case; I nearly always have a bottle with my obstetrical cases for after pains and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results, also in a case of severe uterine colic. I find that with Papine I do not have to use my hypodermic syringe so often.

W. E. RUSSELL, M.D.

Wyatt, Texas.

RUDOLPH LUDWIG VIRCHOW.—Virchow gave birth to a theory which determined itself into indisputable fact. In direct scientific application to this principle Antiphlogistine was constructed. The immediate factor essential for success was the reduction of inflammation. This Antiphlogistine does through the physical process of osmosis. Relief from pain occurs on diminished pressure of the congested tissue. Through the admixture of bland antiseptics the chemical irritation of the nerve ends is neutralized. In every way, chemical, physical and medicinal, Antiphlogistine re-establishes the stability of cell life, by acting upon and dispersing the mass of extravasated fluid. Absorption rapidly takes place through the relieved lymphatics. An-

tiphlogistine is the only medium to impart recuperative energy to the inflamed tissues.

A SICK-ROOM SAFEGUARD.—“I have never had a contagious disease spread where the patient has been isolated, and ‘Platt’s Chlorides’ has been used. I have used the preparation for years, and it does the work so thoroughly that I look for no other.” Yours mostly truly,

CHAS. H. HOWLAND, M. D.,

New Haven, Conn.

In the supplement to the Journal of Tuberculosis the whole subject of Tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controlling the cough of pleurisy, one of the complications of phthisis, the doctor says (January, 1902, page 101), “Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results and which possesses the very desirable advantage of not causing constipation.”

On reading the statistics of infant mortality which are printed in the Medical Record, one wonders why it is that an Irish baby is born with so much better chance of life than an infant which arrives in any other country. The annual infant mortality in Ireland is said to be 94 per thousand; While in Sweden it is 97; in Scotland 120; in England 144; in Belgium 155; in Massachusetts 161; in France 165; in Prussia 207; in Saxony 281, and in Bavaria, 287. It is declared that most babies die from improper feeding, and one cannot help thinking that the poverty of the majority of the parents in Ireland is the best assurance of the healthfulness of their offspring. —Oakland Times.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.



A
PURE GRAPE JUICE

UNSWEETENED, UNFERMENTED
AND PRESERVED BY CAREFUL
STERILIZATION ONLY. NO ANTI-
FERMENTS USED.

PURITY GUARANTEED
NATURE'S BEST FOOD AND TONIC!

As a beverage EL VERDE GRAPE JUICE is delicious and refreshing. As a tonic it is invaluable in convalescence, being rich in nutrition. Put up by LOUISE CARY SMITH at the EL VERDE VINEYARD, POMONA, CAL.

H. JEVNE, Agent, Los Angeles, Cal.

WHEN FIGHTING

the tedious and long drawn out sequelæ of wasting diseases,

IRON TROPON, a soluble, very palatable Tropon (natural albumen) combined with 2½ per cent of iron, is indicated. It fulfills all the requirements of a tonic food, causes no constipation, and does not affect the teeth. Samples on request.

Representative for California,
R. H. KUHLE,
2858 Steiner St.,
SAN FRANCISCO, CAL

TROPON WORKS
81-83 FULTON STREET,
NEW YORK.

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, NOVEMBER, 1902.

NO. 11

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

MEDICAL AND EDIBLE PLANTS OF SOUTHERN CALIFORNIA.*

BY MRS. LAURA E. KING.

Three or four days succeeding the first rains of the season, there comes over the face of nature in Southern California a marked and magical change from a dry and apparently barren landscape; the sweet-scented Pelio, with its musky odor, covers the earth with a mantle of vivid green.

The early inhabitants of this southern country, living very near to nature, and believing that the spicy perfume of the fresh and tender grass was invigorating and rejuvenating to the old and infirm, brought them into the sunlight on their respective raw-hide beds, and left them to doze and dream the day long.

From the first rains, and through all the seasons of the year until the last dry days of the fall and early winter, can be gathered herbs and plants of varieties (too numerous to be mentioned in this brief paper), for edible and medicinal purposes. Their range is from the mountain tops to the

seashore. I say from the mountain tops, because the melting snows of winter and the cloudbursts of spring and summer wash the seeds down the cañon's sides into the valleys below. Seventy years or more ago—when physicians were like angels' visits—few and far between—each mother of a family constituted herself the adviser of the family and friends; and in every small village or pueblo there was the "Vieja," whom every one respected and consulted, and who dispensed with a lavish hand her various herbs, which she had gathered, dried and put in safe keeping for future use. A call from a fever patient hastened her with a package of "Sauco," which she made into tea and administered at stated intervals until relief came in the form of a profuse perspiration. If her patient became too weak or debilitated, she administered Pelio as a tonic. For cancer she made a poultice of pounded leaves of Toloache, which removed cancerous growths if

*Read at the October meeting of the Historical Society of Los Angeles.

applied in time. For inducing an appetite a decoction of concha Laguna was given until the patient was able to eat his accustomed allowance of broiled beef and atole.

If in the annual rodeo a vaquero was thrown from his horse, or otherwise bruised, he was removed to his home and yerba del golpe applied to his contusions. Then a bath of remero, to rejuvenate his discolored flesh, was used, and soon the rider was at work again among his cattle.

Weak and inflamed eyes were cured by a wash made of Rosa de Castilla; a pomade of the same was used for tenderness and chafing of the skin. Yerba del manso and yerba del pasmo were favorite remedies and used for almost every form of disease.

There is a sweet smelling little flower of pure white called salania, whose root of crimson furnished the young Indian girls a paint to improve their complexions, which unlike the cosmetics of later days, left no bad effects, remaining the same day after day.

In the early morning, when dew was on the grass, the old women gathered lanten; the larger leaves bruised and soaked in olive oil served to concentrate inflammation. The leaves of the tuna were used for the same purpose and pounded into poultices, for weak and inflamed eyes. We all know how delicious and refreshing the fruit of the tuna is on a hot summer day; and dried it formed one of the principal items of an Indian's winter store.

Ground acorns, chia, roasted mescal, made the Indian wax fat and happy.

When a washer woman wished her black clothes to look bright and new, she sought the campa for yerba or Amole, which, pounded and soaked over night in water, made beautiful and cleansing suds. Chichi quilite

a small seed for edible purposes, was also beneficial as a gargle for sore throat. Potata, a root eaten by the Indians before the introduction of the potato, in fact served the same purpose. In the zanjas and pools along the rivers grows a plant which makes a salad highly prized by the native Californians. It is called flor del agua, and has a slightly bitter taste which is very appetizing. There is another with the small name, beno, also relished by paisanos for salads. These are gathered in March and May.

Hair tonic and hair washes grow everywhere in the spring and summer. caria being one of the many, and every Californian knows of the medicinal virtues of the different Malvas, both black and white being used for congestions; and as a wash for "yedro," or poison oak, it is soothing and healing. Cardo, and Queliti are spring greens and may be eaten also as salads—and hundreds of persons can speak of the mostassa, the best spring vegetable of all.

Then there is the San Lucas plant for rheumatism; and many others whose names are difficult to pronounce on account of their Indian origin. Some of these medical herbs may be found in the various pharmacies under botanical names. These are the native Indian names given here.

But in the surrounding country, where live Indians and natives, the old women still administer the herbs under the well known homely and suggestive names given in this paper. The early physicians of Los Angeles could vouch for the efficacy of numerous herbs used by them in their practices among the residents—if they were here to tell.

This has been written to show that the laziness of the Californian is in a

manner excusable—for what need had he to work when everything grew at his hand—his food, his medicine, his shelter. If his adobe house, or ramada, required sweeping he had only to gather his escobita, or tules, tie them in broom shape and sweep

when necessary. Disinfectants in the form of lovely flowers grew in the hills and on the plains.

A hundred pages could be written of the herbs edible and medicinal that are "born to blush unseen and waste their sweetness on the desert air."

TREATMENT OF PNEUMONIA.*

BY FRANK W. THOMAS, PH. M., M.D., CLAREMONT.

Primary lobar or croupous pneumonia, which was formerly regarded as simply an inflamed lung, is now known to be a general infectious disease, of which the inflamed lung is a characteristic lesion. The inflammation may involve the whole of the lobe, or the whole of one lung, or portions of both lungs.

The essential cause of pneumonia is now considered to be a germ, which on account of its shape, is called *micrococcus lameolatus*. Its development is attended by the production of an albuminous poison called pneumotoxine. This is supposed to be the real power in the symptoms of a general toxemia. The microbe is probably taken into the system by inhalation, and finds suitable soil in persons with lowered vitality, or in those who have been exposed to sudden cold, or are exhausted from any cause.

Pneumonia is restricted to no age, race or climate; but is more prevalent in the temperate regions, where it causes more deaths than any other disease, with the single exception of tuberculosis. In the section of State Medicine, at the last meeting of the American Medical Association, statistics were produced to show that while the mortality of all other infectious diseases has been materially

decreased in the past few years, that of pneumonia has been gradually increasing for the past half century. Besides, it was stated in the section on the Practice of Medicine that our methods of treating this disease are not a whit more successful at the present time than they were seventy years ago, when pneumonia first began to be generally recognized as an independent disease.

In my opinion this view of the case is too gloomy. While all cases are serious, and some prove fatal in spite of our efforts, others are unquestionably saved by judicious management. We know better now than to debilitate every patient with depressing drugs, blisters, and blood-letting, as was formerly done. Where empiricism once prevailed, intelligent methods are now pursued. And yet every practitioner of the healing art has plenty of reminders of the gravity of the situation. At the opening of the present century the medical profession has a problem to solve in the specific treatment of this malady that was not effected in the last. Pneumonia commands our respect whether we wish it or not. The distinguished Loomis, whose useful life was so suddenly terminated by this very disease, states in one of his works that nine-

* Read at a joint meeting of the Pomona Valley, San Bernardino County, Riverside and Redlands Medical Societies at Loma Linda, October, 28th, 1902.

tenths of the deaths from acute diseases after the age of 65 are from pneumonia. He records eighty-five deaths in a list of 255 cases in his own practice, and declares that there is no relationship between the amount of lung tissue involved and the intensity of the systems. "High fever, delirium, convulsions, and sudden heart-failure being often as well marked when the autopsy revealed only one lobe to be involved as when a double pneumonia exists."

Recent observations of Osler and others throw light upon this point, and it is now considered that under the lowered nutritive activity, congestion produces an exudation which in turn affords a favorable culture medium for the special micro-organism toxins that poison the tissues of the body; and it is rather upon the violence of this toxemia than upon the amount of lung consolidation that the issue depends. And for this reason the local features of the disease are often quite overshadowed by the profound shock upon the heart and nerve centers, producing sudden heart-failure as in diphtheria. The pneumococcus has many times been found in the blood and various organs and tissues of the body. Reference is thus made to these subjects because of their relation to a rational method of treatment of a disease that has a mortality of thirty per cent. in hospitals and eighteen per cent. in private practice; and seventy-five per cent. when accompanied by endocarditis, fifty-four per cent. by pericarditis, and fifty per cent. by Bright's disease.

These are significant figures, in which the general public is concerned as well as the medical profession.

Extended discussion of all the methods in use today for the treatment of

pneumonia is not intended in this paper. The aim will be rather to emphasize the importance of properly sustaining the heart and nerve centers at the critical stages of the disease, where the danger lies. At the present time we have no specific treatment for this malady, which is recognized as a self-limited disease, with the three stages of congestion, consolidation and resolution. The essential thing to remember is that we must treat the individual patient, study his wants with the changing symptoms and the indications present, and endeavor to preserve his strength and relieve his sufferings, so plainly marked in the anxious face. How to meet these changing needs, constitutes the problem. When a noted physician was asked what was the best thing to do in a case of pneumonia, his reply was, "send for a good doctor." While many uncomplicated cases of this disease pass safely to convalescence, others are often brought to a fatal termination with great suddenness.

In brief, the clinical signs that disturb the balance of health, are cough, pain, fever, rapid pulse, dyspnea, muscular and nervous depression and an overtaxed heart.

In the first stage, if congestion be extreme, aconite or veratrum viride may be administered to the robust with a view of lowering blood pressure and reducing fever during the first 48 hours. On account of their depressing effect upon the heart, their use is very limited. Occasionally a plethoric individual with threatened asphyxia will be greatly relieved by venesection. This method is applicable only to those who have blood to spare.

In the second stage the danger begins. For the violent pain an occasional dose of morphine may be re-

quired. But unless the necessity is urgent, opiates had better be omitted, because of their tendency to interfere with respiration and secretion—important functions that carry off the poisons incident to the disease.

Usually, external applications are safer remedies for distress. If the patient be a vigorous individual, and the fever runs high, cold applications in the form of compressor or ice-bags, are preferable; while with the frail individual, whose extremities are cool, and where the cough is particularly annoying, warm applications are more grateful. This is especially true in the case of children. Expectorants are frequently indicated, and of the list, the ammonia salts are preferable, as they are somewhat stimulating and aid in removing secretions, particularly in the third stage where resolution is not being accomplished satisfactorily. One point of supreme importance is, to conserve the patient's strength for the shock that must come, if the case be at all severe. To accomplish this, complete rest should be enjoined, and the patient placed in the best hygienic surroundings possible, where an abundance of pure air can be had. Good nutritious diet should be given from the start—in fluid form, such as milk, meat juice or broths, egg-albumen, or farinaceous gruels. Whatever plan of treatment be adopted, whether antiphlogistic, supportive, or expectorant, clinical and physiological conditions tell us that the fatal blow when it does come in pneumonia, is struck at the heart and nervous system. Is it not the duty then of the medical attendant to give special attention to these two functions in the treatment of this disease?

Heart failure is the greatest danger, partly from overtaxation, and largely from toxemia. In pneumonia, stag-

nation of the blood, combined with the pressure exerted by the rapidly forming exudate, contracts the vessels, and prevents expansive movements of the lungs. Pulmonary circulation is obstructed, the right side of the heart is distended at first, and finally exhausted in its efforts to propel the blood, which, owing to the difficult respirations, is loaded with an excess of carbonic acid. The liability of cardiac failure usually begins about the third day and lasts throughout the second stage, that of red hepatization. At the slightest indication of such failure, and before it occurs, particularly in those persons whose heart or nervous system have been previously affected or overtaxed, cardiac stimulation should be incorporated in the plan of treatment. That which aids in maintaining cardiac strength and vigorous breathing will best relieve the cyanosis and dyspnea. What measures then can be most relied upon at this critical period? Inhalation of oxygen will sometimes give temporary relief and comfort, but it has no power to check the progress of the disease. Something must be employed that will support the heart and nerve centers in the trying ordeal. The fact that the heart and lungs have a common nerve supply is sufficient reason why the functions of both should be disturbed if their common innervation is impaired by either toxemia or over-exertion. Lack of nerve-stamina sufficient to antagonize the disease, no doubt accounts for the great fatality among the aged in pneumonia, which Osler characterizes as the natural end of old people in this country.

Prof. Mays of Philadelphia takes the view that the nervous system is primarily at fault in all ordinary cases of acute pneumonia, and several prominent English physicians have

expressed themselves to the effect that acute pneumonia is a form of herpes zoster of the pneumogastric nerve. At any rate, experience plainly tells us that whenever the integrity of the heart's action, or the nervous system becomes impaired, the very best support possible must be promptly and freely given. Of the various remedies in use today for this purpose, both experience and investigation indicate that in strychnine and nitroglycerin we have the two most reliable remedies, whatever other measure may be employed. The conviction has become very strong in the profession during the past few years that these two drugs are heart sustainers of unusual character in time of great strain, either from disease or overtaxation. The distinguished therapist, Prof. H. A. Hare says that "strychnine increases the force of the pulse-beat and pulse-rate by a stimulation of the heart muscle and its ganglia, while the rise of arterial pressure which it causes, is due to stimulation of the vasomotor center, and is therefore one of the most constant and powerful stimulants to the respiratory center that we have, and it not only increases the rate but the respiratory capacity." Surely this is the very help needed in treating pneumonia. H. C. Wood states that nitroglycerine is the most powerful of the nitrites, and agrees with Lauder Brunton and other observers that its action is almost universally regarded as a very efficient remedy in sustaining the heart-action, and the nerve-centers when there is any tendency to cardiac failure. Some late investigations indicate that the effect of nitroglycerine is to exercise a power upon the blood vessels so that they are relaxed and thus diminish the resistance in the circulation of the blood, and in this way relieve the overtaxed heart while

passing a crisis, as in pneumonia. If this be true, this drug meets the case better than digitalis, which has so freely been recommended in connection with the treatment of pneumonia, because the effect of digitalis is supposed to be to contract the arterioles, which must surely increase rather than decrease the work of the already overworked right ventricle in its efforts to pump blood through congested and consolidated lung tissue. I have found that some patients bear, and often need large doses of strychnine in severe cases of pneumonia. From the 1-40 grain to the 1-20, or 1-15 grain, or even larger doses, may be given every two, four or six hours, as indicated by the physiological effect when tiding over an impending crisis, while at the same time nitroglycerine may be administered in doses ranging from the 1-100 grain to the 1-50 grain, according to the urgency of the case. There should be no delay in the use of cardiac stimulants whenever the heart begins to flag, or dyspnea threatens; and they should be kept up, particularly the strychnia, at varying intervals, as indicated, until the patient is out of danger. The following case occurring in my practice is illustrative of this point. The patient was a laboring man 35 years of age, who was suddenly seized with a desperate attack of croupous pneumonia. The temperature soon reached 105 degrees Fahrenheit, pulse 135, and respirations 75 per minute. Dyspnea, prostration and delirium soon followed in a grave form, and death seemed imminent. He was promptly given the 1-20 grain of strychnia sulphate at one hour, and the 1-100 grain of nitroglycerine the next hour. This same dosage was kept up regularly on the hour alternately for 48 hours, without any interruption, at which

time the temperature was 102 Fahrenheit, pulse 110 and respirations 40 per minute. The intervals were then lengthened to three, four, and finally six hours, for the administration of the strychnia, which was continued for three weeks, until convalescence was established, while the nitroglycerine was discontinued after the crisis was passed. The patient made a good recovery. Neither oxygen nor cold applications were used, but a moderate amount of whiskey was given, and atropin administered hypodermically whenever collapse was threatened. In another case of a child three years of age, where the conditions were all extremely grave, I administered the 1-100 grain of strychnia sulphate every three or four hours for over a week. When nervous twitching was noticed, the interval was lengthened one or two hours. The crisis was finally passed and the patient recovered. Whiskey was used in this case whenever the child was disturbed by pain or restlessness.

In his book on practice, Prof. Anders says: "In no other disease does strychnine possess greater potency for good than in pneumonia, if wisely employed," and adds that "nitroglycerine is especially indicated where the renal secretion is scanty and the urine contains more than the usual amount of albumen."

Dr. Emmet Holt—recognized so generally as authority on diseases of children—says that "strychnine is about the only heart stimulant used at the Babies' Hospital in New York, in the treatment of pneumonia."

Prof. Griffeth of the University of Pennsylvania states that "strychnine is very frequently used in large doses as a respiratory and cardiac stimulant in the treatment of pneumonia at the Philadelphia Children's Hospital."

Prof. Northup of Bellevue College,

reporting for the New York Foundling Hospital, says, tonics and heart stimulants are much employed in the treatment of this disease. Strychnia sulphate is given in doses of 1-100 grain to 1-60 grain every three or four hours, as indicated. And adds that "in severe cases, with weak heart, this is given up to the point of increasing deep reflexes. Nitroglycerine is used in doses of 1-100 to 1-60 grain every four to two hours if there is any tendency to duskiness of the lips or face." This plan he advises, whether the patient be child or adult.

Prof. Adams, referring to this point in connection with the practice at the Children's Hospital, Washington, D. C., says, "The value of hypodermic injections of strychnine, nitroglycerine and ether in the treatment of hypostatic pneumonia, justifies their administration to the fullest degree of toleration," and adds that "the marvelous effect of nitroglycerine in young children almost moribund has often been noted."

Such testimony as this in favor of heart stimulation in the treatment of pneumonia is worthy of great consideration, and it is my opinion that if such methods were more generally adopted, the death-rate in this dreaded disease would be materially lowered.

We all have great hopes that a serum will yet be found that will neutralize the pneumococcus as effectually as antitoxin does its work in the treatment of diphtheria. But until such a method passes the stage of experimentation, we are not justified in relying upon it. In closing, I wish to say just a word about prophylaxis. Since we know that the cause of pneumonia is a micro-organism, found abundantly in the sputa of those suffering from this disease, and since the malady is supposed to be contracted

by inhaling the germ, ought not the same care to be taken to destroy the spore in this disease as in tuberculosis? The contagious element has been noticed many times where peo-

ple have congregated under unhygienic conditions, which emphasizes the importance of the present day watchword of "prevention," as well as the treatment of disease.

CYSTIC DEGENERATION OF THE CHORION WITH REPORT OF TWO CASES.*

BY HORLL TYLER, M.D., REDLANDS, CAL.

At midnight on the 19th of February, 1901 I was called in consultation, to see Mrs. S. who was flooding.

She was thirty years of age, had been married two years and had had one miscarriage at about six weeks eighteen months previous.

She had menstruated last, October 21st, 1900, and, was supposed to be about five months pregnant.

About November 18th, her health began to fail. She became anemic and the anemia had increased to a marked degree. Cachexia was pronounced.

Anasarca had been present for two months and had increased steadily.

The attending physician reported that he had not found any albumen nor casts in the urine.

She had suffered a great deal from pain in sacro-lumbar region and in her breasts.

Nausea had been pronounced but she had not vomited. There had been no fetal movements observed.

Marked languor had been complained of from the first.

There had been some loss of blood at the time each menstrual period would have been due. For some days there had been a serous pink discharge from the vagina.

The uterus was twice as large as it should have been at this period.

The hemorrhage commenced suddenly and was profuse. The cervix was found quite rigid and it was decided to tampon and wait for it to dilate before attempting to empty the uterus. There had been no signs of labor pains.

The tampon was very carefully placed, a Sims' speculum being used and as much cotton introduced as possible, without danger of rupturing the vaginal wall.

At 8:30 a. m., I was again called. The tampon was saturated, and blood was oozing out steadily. The cervix was as rigid as before. A prolonged attempt at dilatation was again made with the result that only three fingers could be introduced.

At this time cysts were discovered in the bloody discharge and a diagnosis of cystic degeneration of the chorion made.

The cervix was packed with gauze and the vagina tamponed as before.

At 4:15 p. m., the patient was again found to be bleeding. There had been no appreciable dilatation of the cervix and we were again unsuccessful in our efforts to dilate it sufficiently to empty the uterus.

There was still no indications of pains or uterine contraction.

A Los Angeles surgeon was called and succeeded in dilating the cervical canal sufficiently to introduce a

* Read at a joint meeting of the Pomona Valley, San Bernardino County, Riverside and Redlands Medical Societies at Loma Linda, October, 21st, 1902.

large curette, and removed several quarts of cysts and some placental tissue. No fetal remains were discovered.

Hemorrhage was very profuse and only partially controlled. There was very little uterine retraction. The cavity was packed with gauze and the vagina tamponed. Normal salt solution subcutaneously, strychnia etc, were employed, but patient sank rapidly and died in a short time after removal from the table.

No autopsy was held.

On March 5, 1901, twelve days after the death of Mrs. S., I was asked by Mr. H. to send some medicine to his wife to stop her from flooding.

Mrs. H., was thirty-seven years old, had been married fourteen years and had given birth to five children, four of whom were alive and well. She had previously enjoyed good health, and had had no miscarriage. Menstruated last on December 25, 1900, and believed herself pregnant from that date.

About February 1st, began to suffer severely from nausea and vomiting, and was able to retain but little food from that time on. With her other pregnancies she had suffered much less from nausea.

She had no appetite, became anemic, and lost flesh and strength steadily. Pain in breasts and in abdomen had been severe. No pain in sacro-lumbar region. No edema.

On February 23rd, had some uterine hemorrhage. Began bleeding again March 2nd, and had lost blood almost constantly since.

Examination showed uterus as large as it should be at the fourth month of gestation. Cysts were discovered in the discharge from the uterus, and a diagnosis of cystic degeneration of the chorion made.

The vagina was tamponed, and hemorrhage controlled. On the following day, assisted by Dr. Wynne, I re-

moved from the uterus about a pint of cysts.

The fetus had been entirely absorbed.

The hemorrhage at the time was rather profuse, but readily controlled with hot water. Uterus retracted well and there was no further hemorrhage. All unpleasant symptoms disappeared at once, and patient soon regained her health, and has been very well ever since.

Cystic degeneration of the chorion is a rare disease, occurring once in about 2400 pregnancies. It seems to be rather more frequent in multiparae, and may occur at any time during the child bearing period. Just what causes this morbid process is unknown, and will remain so until we know more of the life history of, and the physiological and pathological processes which take place in the unicellular organism of which the human body is composed.

The chorion forms the outer covering of the embryo. The outer surface of the chorion is composed of two layers of epithelial cells. The inner layer is well marked.

The outer layer is protoplasmic. The cells forming the surface of the chorion have a sort of phagocytic power which is transitory, and limited and causes the absorption of the cells forming the surface of the uterine mucous membrane in contact with them, so that within a short time after impregnation the fetus is embedded in the uterine mucous membrane. Further, these chorionic cells open the blood vessels, and are then bathed in the mothers' blood. They develop, sending out many processes, or villi, over the entire surface of the chorion.

Beneath this layer of protoplasmic and well marked epithelial cells covering the villi is a layer of connective tissue composed of branching cells separated by a large amount of

mucoid intercellular substance in which there is no trace of vessels. Later this connective tissue loses its myxomatous condition and assumes a higher form and blood vessels appear in the interior of the villi, while the placenta is formed opposite the decidua serotina.

When cystic degeneration of the chorion takes place the connective tissue elements of the villi become myxomatous, and many in the interior liquify.

The protoplasmic epithelial layer proliferates, and a cyst is found. If this process takes place over a large part of the chorion the fetus suffers from lack of nutrition and may perish, and disappear while the uterus becomes filled with cysts which are attached to each other, or to a chorionic stem. They vary in size from one-sixteenth of an inch to one inch in diameter, resembling somewhat a bunch of grapes. Their structure is very delicate, and varies according to the period of gestation at which the degeneration takes place.

In some cases the peculiar protoplasmic epithelial tissue covering the villi, attacks the uterine tissue and causes its absorption, so that in places the wall of the uterus entirely disappears leaving nothing but the peritoneal covering. Rupture, with fatal hemorrhage, sometimes takes place. This should be borne in mind when the advisability of emptying the uterus is to be considered.

In other instances these tissues assume a more malignant form, and give rise to what is termed deciduoma malignum, one of the most fatal of the neoplasms.

The symptoms to which cystic degeneration of the chorion gives rise are fairly well marked, though not always sufficient to enable a diagnosis to be made.

Nausea is frequently present, and more persistent and distressing than

is usual in normal pregnancies. Pain in the sacro-lumbar region and general pelvic discomfort are common. There is a rapid increase in the size of the uterus, out of proportion to the period of gestation, so that in three months the uterus may be as large as it usually is at the sixth month.

The fundus of the uterus has a peculiar soft doughy feel, and the fetal outline cannot be made out except in those cases where the fetus has not disappeared.

After the growth has attained a considerable size there is usually a discharge of thin, pink serous fluid which often contains some of the cysts. The discharge of these cysts renders the diagnosis conclusive, and is the only positive sign of the disease.

The treatment consists in emptying the uterus as soon as the diagnosis has been made. This should be done with great care, on account of the fact that the uterine wall may have been thinned to a dangerous degree. At the same time, as much of the cystic material should be removed as possible, in order that retained portions of the chorion may not develop further, and, especially, in a malignant manner.

Deciduoma malignum occurs in a large per cent. of these cases. They should be kept under observation for at least two years, and, should malignancy develop, the uterus, together with all metastatic foci should be removed at the earliest possible moment.

Dr. Abel M. Phelps, the Orthopedic Surgeon, 62 E. Thirty-fourth street, New York City, died October 6th after an operation for abdominal trouble. Dr. Phelps was born at Alburg Springs, Vt., January 27th, 1851, and became a leader in his specialty.

EUROPEAN SURGERY.

BY ANDREW STEWART LOBINGIER, M.D., LOS ANGELES.

AMSTERDAM, Sept. 8, 1902.

Dear Doctor: It was a great relief to emerge from the soot and fog of London into the brightness of sunny France.

Paris must ever charm Americans, and I found here, as in England, much diversion in visiting the galleries, palaces and points of historic interest. The hospitals of this beautiful city have much of tradition clinging to their honored names and one finds within the ancient walls of the Salpetriere, Hotel Dieu and Lariboisiere, suggestive evidences of a by-gone epoch.

There were three surgeons in Paris to whom I had introduction; two of them, Prof. Doyen and Prof. Hartmann, were working, the other, Prof. Tuffier, was absent on his summer trip.

Dr. Emile Doyen is a singular personality. He has been for many years, both at home and abroad, the target for considerable criticism. In certain devices, instruments and methods employed in pelvic and intra-abdominal surgery, Doyen has made valuable contributions. He invited me to an exceptional clinic in abdominal tumors, which he held at his private hospital at 6 Rue de Picini. In this clinic, and especially in his hysterectomies, he exhibited an operative celerity not to be observed elsewhere.

Prof. Hartmann is senior surgeon to the Hospital Lariboisiere. During vacation he leaves his work in this hospital in charge of his assistant, Dr. Paul Lecene, with whom I spent a very pleasant afternoon. Dr. Hartmann has a private hospital and it was in this I saw him work. He is a quiet, thoughtful man and operates deftly, like all masters of his class.

Hartmann visited America several years ago and had many kind things to say of our surgeons and their work. His clinic at the Lariboisiere is enormous and affords an opportunity for wide observation not excelled in Europe. For seventy years this has been one of the leading hospitals of France, ranking in importance with the Hotel Dieu and the venerable Salpetriere.

While in London I wrote Prof. Czerny for a date when I might visit him at Heidelberg. He answered saying he might be absent at the time, but if so his colleague, Prof. Petersen, would extend me the courtesies of the klinik. I found Petersen a delightful gentleman and recall none among the younger German surgeons whose work impressed me more favorably than his. He showed me some exceptional cases and the work done at Heidelberg is as good as the best I saw in Germany. Dr. Petersen was preceded by Prof. Max Jordan in the position of privat docent to Czerny. He was one of Czerny's brightest pupils and has now a private klinik of his own at 8 Kaiserstrasse. I found him almost effusively gracious and hospitable and he had much of interest to talk of and to show me. The morning I arrived in Heidelberg he did a splenectomy, which I was too late to see. The next day I saw the patient, and she was normal and apparently without shock. Splenectomy is commoner in Germany than with us and the record of recoveries encouraging.

Prof. Petersen gave me a letter to Dr. Goeschel, senior surgeon at Nurnberg, where there is a hospital of excellent character. I had Nurnberg on my itinerary, but only as a point of historic and archi-

tectural interest. The general hospital is only six years old and cost four million marks. It is without exception the finest I saw abroad. At Berlin it is rated the best in the Empire of Prussia. Prof. Goeschel was not at home and I was shown about by his assistants and by the superintendent, Herr Anton Schwab. When I came to register it was a pleasure to see the familiar signature of Dr. W. Jarvis Barlow, whose visit was alluded to most kindly by the superintendent.

One of the beauties of the trip from Nurnberg to Vienna is the ride down the Danube. The best plan is to get off the train at Linz and take the steamer down the river. At Linz, I learned of Rotheaburg, a small town between Wurzburg and Nurnberg, whose primitive charms have remained untouched by modern innovations. I regretted missing it, but it will be something to look forward to in another journey abroad.

Vienna is so familiar to American physicians, anything one could write of his experiences there must sound more or less commonplace. To the visitor whose object is a comparative study of methods and facilities for advanced surgical work, Vienna has certainly little startling to offer.

In pathology, bacteriology, internal medicine and clinical chemistry, the University must continue to be the mecca for many foreign students. The vast clinic there, in every department of medical study, has always had a fascination for the American, and not without reason. But no man who has been teaching and practising what is accepted in America as modern surgery can fail to suffer disappointment in the technique in vogue at Vienna.

Nevertheless one may still note the indelible mark of Billroth's genius, whose pupils and assistants, following in his footsteps have sought to

perpetuate his fame. One of them and the youngest and most brilliant, is Von Eiselberg, who shares with Gussenbauer and Mosetig-Moorhof, the rank of senior surgeon in the University clinic. I had a letter to Von Eiselberg and found him as genial and kind as he is clever.

While in Vienna one of my pleasantest experiences was attending the lectures and demonstrations in gross pathology of Prof. Albrecht, whose observations are unequalled.

I was disappointed in not seeing Prof. Adolf Lorenz, in his orthopedic clinic. You are likely to hear of a visit this gentleman is soon to make to Chicago, whither he has been called to reduce a congenital luxation of the hip, in the little daughter of a well known millionaire of that city. This operation has thus far proved difficult in the hands of American orthopedists, and if Lorenz can do the bloodless reduction as cleverly as it is claimed, he deserves all the reputation from it that will come to him.

From Vienna, I turned northward and stopped next at Prague, a most interesting bit of Bohemia, and as unique and quaint as the Bavarian towns. There is much to attract the wayfarer in Prague, and after seeing the cathedrals and the Schloss and the various kirches and gardens, there is left the old Allgemeine Krankenhaus, full of traditions and memories of great men.

Prague has been somewhat of a training school for Vienna and not a few of Austria's most eminent medical men have had their start there.

My time was spent in the klinik of Woelfler only but it was well worth while. I noted some half dozen cases of tendon transplanting, for anterior polio-myelitis, several splenectomies, and cases of nerve and brain surgery, that at the time impressed me as very clever work. The wards were

full of a somewhat rarer class of cases than one encounters in even larger centers. It may have been simply a coincidence and not the usual thing.

After Prague I continued north to Berlin, spending sometime on the way at Dresden, Leipsic and Wittenberg.

It was my intention to go over to Breslau, to see Mikulicz, but Dr. Senn told me at Manchester that Mikulicz had said at St. Petersburg, he would not be working this summer.

There is much in Berlin which may be classed as good surgery, much more which is commonplace and not a little which is fifteen and twenty years obsolete. The fault is the Herr Professor's. He stands as a barrier, stolid and implacable, determined to reject everything not "made in Germany." Of course there are exceptions to this rule; but I saw enough to justify this opinion, and it is the only adequate explanation of Germany's position today. Many assistants complained to me that the advanced ideas of American surgeons were not allowed to be put in force. They read our books and take our journals and the younger men doubtless see the trend of modern thought.

During my stay in Berlin, I visited the clinics of König, Krause, Koehler, Von Bergmann, Olshausen and Sonnenberg.

Sonnenberg is senior at the Moabit Staats Krankenhaus. He has excellent facilities in this pavilion hospital of 1000 beds for high class work. I saw no better appointments in Berlin.

I was shown the chart and tables of his last 1000 cases of appendicitis. Five hundred of these were operated between 1900 and 1902, with a mortality of $7\frac{1}{2}$ per cent. He reads this report at the Congress of Surgeons at Brussels, meeting from the 8-11 inst. It will be published simultaneously in Langenbecks Archives. This per centage you observe is

almost twice that of Dr. A. J. Obernier and Dr. Wm. J. Mayo, reported at Saratoga in June. Nevertheless you need not doubt that Sonnenberg's showing in appendicitis, is the best yet made in Germany. One is appalled at the management of these cases in the hospitals of the continent. They are only now passing through the fog of doubt and conflicting doctrine which clouded our vision at America a decade ago.

When I called on Prof. Olshausen it was pleasant to hear him speak so graciously of Dr. M. L. Moore of Los Angeles, who had, as he said, not only been sometime in his clinic but in his own home. Certainly an American could not expect a more kindly greeting than one receives from Dr. Olshausen. The klinik in gynecology in the University is excellent.

I spent a most interesting day with Prof. König who may be reckoned the dean of the surgeons in Berlin. They are building fine and commodious new operating rooms and wards at the Charite, and Prof. König showed me with much pride the appointments which are soon to be completed, and will be the best on the continent. It was a privilege long to be remembered to see this venerable old master operate. When one considers the impress his great mind has made on the surgery of his time, and the value of his thoughtful contributions, one can forget the feeble, faltering hand and antiquated technique.

There was much in the clinics of other men in Berlin which might be alluded to but there is not time for it.

I must not close this without speaking of one of the most picturesque figures in German surgery—Dr. Hans Kehr of Halberstadt.

I had a letter from him at London saying he would be working at the end of August, so I arranged to visit him at that time. I have just come

from there. Halberstadt is near the Hartz mountains between Berlin and and Hanover. It is a mediaeval town of 60,000 people. Kehr has a private klinik of 50 beds and 20 of these were occupied by patients at the time of my visit.

About the first we knew of Hans Kehr in America was when his somewhat remarkable work on the surgery of the gall bladder was translated by Dr. Seymour of Troy. This work contained such astonishing ideas concerning the pathology, diagnosis and treatment of gall stone disease, and such an exceptional report of cases operated that it attracted immediate attention.

Dr. Berger, Kehr's assistant, told me the Herr Doctor had operated 735 cases of disease of the gall bladder and ducts to this date. I saw some fifteen gall bladder cases in the rooms of the hospital while there. These were in various stages of convalescence and doing well and there seemed no doubt however remarkable his reports, that Kehr was doing the work. At the last I failed to see him, as impaired health required him to remain at Carlsbad until October. For some reason not understood Dr. Kehr, save for his writings, seems to be unknown both in England and on the continent. Few Americans have seen him, and I was told by Dr. Berger that but two others from our country besides myself had visited Kehr's clinic in the four years he had been his assistant. Prof. Kehr has been invited to read a paper on diseases of the gall bladder before the American Surgical Association at the Congress, which meets in Washington in May. Dr. William J. Mayo, I am told will share the honors of this subject with Kehr. There is little doubt that Robson, Mayo, and Kehr are the world's authorities on gall bladder surgery. Work that has been done by these men this year, and yet to be reported, has definitely settled some mooted problems in this difficult field.

While at Halberstadt I learned of the death of Prof. Rudolph Virchow which occurred at Berlin on the 5th.

Virchow was typical of the best that Germany has produced in originality and scholarship. He was to Germany what Billroth was to Austria, and it is not invidious to say his versatility made him a greater and broader personality than Billroth.

Virchow did more than any other to develop the study of pathology, and while at Wurzburg, long before his notable career in Berlin, his exceptional work in biology and his interpretation of cell life and change, made him justly celebrated. He has left no successor on whom his mantle may worthily fall and we shall not see his like again.

In a tour of observation such as the one now drawing to a close, an American visitor can gather most valuable data which may be brought to bear in his special field of work. There is a vast amount of clinical material, some of which is rare and all of it rather studiously and thoughtfully observed.

One who would gain the most from a visit abroad should bear introduction admitting him to intimate association with the masters themselves. I am personally much indebted to my distinguished friend Dr. J. B. Murphy, for letters which have ensured me the most enjoyable of summers.

The value of a trip in foreign lands depends much on the discriminating judgement of the observer. Europe is a poor place to plunge a callow undisciplined mind. That is particularly true of one who is looking skyward for some great light. It dawns slowly here. This is singularly true of the evolution of surgery.

In America we have been quoting continental authorities and teaching German methods for years, with a solemn homage which it has ever been hers to question. One who enjoys

indulgence in such pastime might deliver a philippic on this common error. It were enough however to grant the shattering of idols which every American surgeon must suffer, in what he sees and what he does not see here.

Of the excellence and superiority of the American mind in surgery there has never been a doubt. Should such exist a trip abroad would instantly dispel it.

One of the principal values of travel lies in the view point gained. In America we are developing a cult of prodigious operators. One learns by a tour of comparative study of men and methods, that that is not the whole of the problem in surgery. I am inclined to the belief that we need to cultivate a saner surgical judgment; and we need a profounder knowledge of

pathology and pathologic chemistry. These elements are taught here and taught well. There seems to be time enough to learn them and learn them thoroughly.

The young man who believes himself personally fitted for the difficult and strenuous life of a surgeon, and desires to prepare for it, should come abroad not for ideas in technique, principles and methods, but for a better preliminary training in pathology, clinical chemistry, and diagnosis. With these he has a horizon; without them he has none. The surgeon of the future must know pathology, not as an embellishment, but as an essential and practical working power.

Sincerely yours,

A. S. LOBINGIER.

ENTEROPTOSIS.*

BY OSCAR J. KENDALL M.D., RIVERSIDE.

Let the posterior wall of the abdomen be represented by the back wall of a cabinet.

Now, as if it were a curtain drape the 30 feet of intestines, hung by their mesentery in zigzag fashion, tacking them to the wall at six different points which shall correspond to the six principal mesenteric attachments.

Now it will be plainly seen from this picture that if any of these attachments should give way there would be a corresponding descensus of that fold of the curtain depending upon this defective attachment, and this in turn would necessitate a greater stress upon the remaining points of attachment.

Glenard of France gave us the first satisfactory description of this condition of intestinal ptosis which he named enteroptosis.

It has since been defined by Einhorn as a downward displacement of the stomach, right kidney and other organs of the abdominal cavity attended with digestive disturbances.

While this definition is not full, in that nothing is said of the protean nervous phenomena which surround this condition, yet it recognizes a fact which has crystalized in medical sentiment within the last few years, viz; that ptosis of the kidney is a constant if not an essential factor in this disease.

Perhaps our newer definition will recognize ptosis of the liver also and in that case perhaps splanchnoptosis would seem to be the preferable term.

And this brings us to causation.

The list of so called causes includes:

First, Relaxation of the abdominal walls from often repeated pregnancies

* Read at a joint meeting of the Pomona Valley, San Bernardino County, Riverside and Redlands Medical Societies at Loma Linda, October, 21st, 1902.

thus diminishing the external support given normally by the abdominal walls.

Second. The corset.

Third. Ailments accompanied by rapid loss of flesh.

Fourth. Even the long suffering lacerated perineum has been put down as being at the bottom of the trouble.

Einhorn states that the first stage of enteroptosis consists in the prolapse of the intestines particularly of the right part of the transverse colon due to relaxation of the weak ligamentum colico-hepaticum.

The ascending and transverse colon, losing their ligamentous suspension, sink down and thus the transverse colon instead of running straight across the abdominal cavity runs obliquely from below upward.

At the left end the transverse colon is held in place by the strong ligamentum gastro-colicum.

The acute angle produced at this point by the prolapse of the other end of the transverse colon causes partial occlusion of the lumen of the gut.

The transverse colon therefore remains contracted and empty and gives the condition described as "corde transverse." Coincident with the descent of the transverse colon there is a relaxation of the ligaments (mesenteries) of the small intestines and this produces a dragging down of the stomach and causes the liver and kidney through the ligamentum gastro-colicum to assume a lower position than normal, thus there may be a prolapse of all of the intestines.

The enteroptosis causes enterostenosis and increases the specific gravity of the intestines because they do not contain gas, thus diminishing the abdominal tension.

This is all good except that it would seem that Einhorn places the empty gut on the wrong side of the stenosis.

Harris of Chicago in an article on

"Movable Kidney, its cause and Treatment," scouts the idea of prolapsed kidney being due to any of the above named causes. He says:

"The fallacy of supposing that pregnancy, lacerations of the perineum, displacements of the uterus etc., are instrumental in causing movable kidneys is unanswerably shown by the fact that over 40 per cent. of the cases of movable kidneys were found in unmarried women, women who have thus never been pregnant, who have intact perineal floors and whose uteri are in normal position."

That these factors may, and perhaps at times do aggravate the condition caused by other influences is admitted.

He concludes that the cause of movable kidney is to be found in the relation which exists between the location of the kidney and the body form in any given case.

The frequency of movable kidney is rather surprising—thus Edibohl in an exclusively gynecologic practice estimates that 20 per cent. of his cases have movable kidney.

Einhorn, a stomach specialist states that in a record kept by himself for two months out of 141 male patients with gastric disturbances, nine had enteroptosis with movable kidney.

And out of 92 female patients, 32 had enteroptosis with movable kidney.

Reduced to percentages there were 6.2 per cent. among the male, and 34.8 per cent. among the female patients applying for treatment for gastric disturbances.

So it appears from the evidence that we can not put our finger down and say here is the cause of enteroptosis.

Would it not afford a better working basis at least to say that enteroptosis is a condition instead of a disease per se which depends upon any pathological condition which tends to weaken and relax the ligaments of the abdominal viscera in subjects

whose body form conduces to the general ptosis.

This view helps us to explain the manifold symptoms both objective and subjective, physical and psychical, which are beyond description, and which extend from almost no symptoms or slight digestive and nervous disturbances in the beginning up to extreme inanition the harrowing pain, and nervous prostration in a Dietel's Crisis which is supposed to be due to the twisting upon its pedicle of a kidney in the fourth degree of nephroptosis.

What shall we do for the patient?

We must lift up the intestines.

This can only be partially accomplished by a bandage made to support and press up the abdomen from the symphysis as far up as the naval.

An important point is rest in the recumbent position for this relieves the stress on the prolapsed organs.

We must use every means to improve and aid digestion and regulate the bowels.

Shall we suspend the kidney?

Shall we perform nephropexy?

As good an authority as William Osler says that the operation is not a success and he depends upon the abdominal bandage to hold up the kidney and a pad under the abdominal bandage.

Howard Kelly and most of the men of the gynecological trend always suspend the kidney and the uterus when

prolapsed and in cases in which Dietel's Crises occur, hold that nephropexy is the only relief to be had.

Then the consensus of opinion on treatment seems to be to suspend the kidney when it causes symptoms, hold up the intestines as best we can by a specially fitted bandage which shall hold up, but not diminish the room above the navel. Rest in the recumbent position at regular stated intervals is important, especially after meals while digestion is going on.

Massage, with special reference to developing the abdominal muscles is very important.

We must use every means in our power to improve nutrition especially in the cases that come to us in the later stages where the patient has lost 20 to 40 pounds.

These are the cases that try us to the limit of endurance. Each case is a law unto itself in the treatment of its digestive disturbances, and must be studied and treated from this standpoint.

The nervous system suffers in proportion to the pain and inanition. Here indeed we have a problem to solve.

How best to conserve the weakened forces and hold out hope to the patient, just on the border line or perhaps beyond, of neurasthenia is indeed a task for all that a physician has of delicacy, fortitude and skill.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D. LOS ANGELES, CAL.

QUANTITATIVE CHANGES IN THE BLOOD IN PULMONARY TUBERCULOSIS.—The blood in tubercular patients has been an interesting field for study,

and the results have almost seemed paradoxical. Stevens (Med. Record, July 26, 1902) gives the results of a long series of careful examinations made upon patients in the various

stages of the disease. This paper is valuable because of the great care used by the author in making the examinations. Those interested in this phase of the subject should read it in full. The author says: "Summarizing, we find a lowered red count in the acute cases, in a part of the anemic incipient cases, and in a part of the septic cases, while in the chronic second-stage cases, representing a great majority of consumptives, we find, in spite of their pallor, in spite of their cavities, and in many cases in spite of their temperature, a normal number of red cells. This paradox is only explained when we consider the quantity of their blood. Everyone who observes carefully must be impressed with the unusual smallness of the superficial veins of the consumptive, whose capacity for carrying blood is thereby much lessened, and at the autopsies one notes that the diminution in the volume of blood corresponds with the shrunken appearance of the superficial vessels. So that, although we have as yet no means of accurately determining the quantity of blood in the living body, it is at once apparent that in tuberculosis we have, as Grawitz says, a true oligemia; that is a lessening of the entire blood mass, though a given quantity of it may contain a normal number of erythrocytes."

That the profuse sweating, the profuse bronchial secretions and diarrhea do not account satisfactorily for the blood concentration, is shown, the author says, by the fact that those cases which have the greatest amount of secretion—that is that show the most evidence of sepsis—show less blood concentration than was shown before the secretions became so profuse, and the highest counts are obtained in those cases in which these so-called blood concentrating causes do not exist. If blood concentration is brought about by these agencies the effect is overbalanced by the blood

destruction resulting from the attendant septicemia. The author then says that he has seen the number of erythrocytes drop 700,000 in less than five weeks in the presence of sweats, expectoration and diarrhea.

In discussing the hemoglobin the author says that the hemoglobin value of the blood in all stages of the disease is low as compared with the number of red corpuscles. This is true even in those cases in which its amount, according to Fleischl, is 100 per cent. or more, as well as in those in which it does not reach half that figure. It has long been stated by those who are authorities on the subject of blood that anemia is not present in tuberculosis. Stevens says: "If we understand anemia to be a deficiency in corpuscle substance; that is in red cells, in hemoglobin, or in both, then I have found anemia present in all stages of the disease, and independent of complications, the anemia being characterized by a deficiency of hemoglobin without necessary change in the number or size of the erythrocytes, and therein differing from chlorotic anemia, to which it bears resemblance."

The specific gravity in many cases of phthisis is below that of normal.

The number of leucocytes, when taken with the results of other methods of examination, are of prognostic significance. "In the acute milary form of the disease, which runs its course without suppurative process in the first stage of chronic pulmonary tuberculosis before pyogenic infection has taken place, and in fibroid phthisis, there is found a normal number of leucocytes, or, if the number of erythrocytes is reduced the number of leucocytes is correspondingly reduced. In tubercular pneumonia there is always present a marked leucocytosis, which however, is not usually so great as in the pneumonia due to the pneumococcus."

He summarizes the results of his investigation as follows:

The number of erythrocytes is usually higher than the appearance of the patient would suggest, amounting in many cases to a normal count.

A low count when present is suggestive of a low resisting power, or of an unfavorable complication.

The usual explanation of the cause of blood concentration is not fully confirmed by facts.

There is a true oligemia in the majority of cases.

The hemoglobin and the corpuscle worth are so uniformly subnormal as to justify the conclusion that anemia is characteristic of pulmonary tuberculosis.

BEHRING'S EXPERIMENTS IN THE IMMUNIZING OF CATTLE AGAINST TUBERCULOSIS.—Behring has just published the results of seven years' work in the Marburg laboratory (*Beitraege zur Experimentellen Therapie*, 1902 and *Journal of Tuberculosis*, Oct. 1902.) He has succeeded, by inoculating his animals with bacilli of low virulence, such as those of human or avian origin, or bovine bacilli which have been treated with trichloride of iodine, in making cattle immune to large doses of virulent bovine tubercle bacilli.

Where incipient tuberculosis is present the injections cause a rise of temperature with cough which is identical with the tuberculin reaction, which subsides on an average in ten days. He believes that incipient tuberculosis is no contra-indication to the process of immunization, for these animals, although already infected, seem to be rendered immune to further infection the same as healthy animals. These experiments are second in importance only to the discovery of the bacillus itself, and if confirmed by other investigators, will doubtless be of great value to the study of this disease.

The process he describes as "Jennerization" because, like vaccination in smallpox, it is based on the principle of inoculating with a virus of lessened intensity, but capable of producing the same disease though in modified form. From the experiments the following conclusions may be drawn:

The virulence of human tubercle bacilli is increased by passing them through animals and decreased by growing on artificial media for a long time.

"It is my present belief that young cattle up to six months of age can receive a protective inoculation although already tuberculous, provided they do not show any other symptoms of tuberculosis except a high degree of susceptibility for tuberculin."

Young cattle do not suffer any ill effects from protective inoculation even though they are tuberculous to a degree sufficient to give a tuberculin reaction.

In one hundred cattle from the age of three months to one year, inoculated with dry tubercle bacilli and fresh serum culture, no harmful results were observed.

"I am able to assert that intravenous injections of not more than five milligrams of dried tubercle bacilli in the form of a well prepared emulsion, can be given without hesitation for a first inoculation."

As an increased resistance to dried bacilli, used for inoculation, develops, so does an increased resistance to virulent bovine bacilli develop.

The animals which have received protective inoculation have been exposed to the natural tuberculosis infection without thus far showing any signs of contracting the disease.

Realizing the fact that his work would be discredited if repeated by irresponsible experimentors, he says: "Neither am I in favor of extensive application of this method of 'Jenneri-

zation' until it has been elaborated and confirmed. On the contrary, I shall give my aid in such trials only to experienced veterinarians who have made themselves familiar with the scientific basis of the procedure in my laboratory and who will undertake to follow my methods and give exact reports of their results."

THE TREATMENT OF TUBERCULOSIS AT TURBAN'S SANATORIUM. —The following is a resumé of the treatment of tuberculosis in the sanatorium of Dr. Turban in Davos Platz as it appeared in an article by Bernheim (*La Revue Internationale de la Tuberculose*, Sept. 1902.)

The sanatorium is guarded from winds, exposed to the sun and situated above the village at an elevation of 5,000 feet above the sea. It is surrounded by a large park. It contains seventy rooms for patients, which are separated by long corridors and rest galleries. There are no carpets on the floor and the corners of the ceilings are rounded. In the rest galleries there are places where each patient can lie secluded. All cleaning is done with damp cloths. Every room is thoroughly disinfected at each change of patients.

Expectoration is most carefully destroyed. Each patient carries a pocket flask, and ordinary cuspidors containing some liquid germicide are placed about the corridors. These are cleansed every day with boiling water and lime.

Sewage is carried off by a system of underground canals.

Fresh air and an abundance of good food form the basis of treatment. The physician controls absolutely the food, number of feedings, rest, exercise, and the amount of time that the patient must spend in the open air.

Much milk and butter are used and they are given at frequent intervals. Six meals are given daily. Some patients however take only milk at the

evening meal. Each patient generally takes at least one and one-fourth quarts of milk daily, while some take as much as two and three quarts, although some few are unable to take any. Meats and fish are given, but for the most part the diet consists of vegetables and fruit. Spiced dishes are not allowed.

The cuisine is changed very often to prevent tiring. Alcohol is given in small quantities only. It is not well borne in non-febrile cases but useful in febrile cases and in severe tubercular pneumonia. The patient is gradually accustomed to the air cure. The first days of his arrival, he spends in his room after the setting of the sun. When he has become acclimated, he spends the entire day in the open air, and enters the house only for meals and necessities. The non-febrile cases stay out of doors in winter about nine hours and in summer about ten or eleven hours. The patients are especially fond of remaining out of doors after supper, from eight to ten, because of the peacefulness of the evenings. Some few find the night air too exhilarating and a few are obliged to stay in on account of fogs. For those who remain out, warm wraps are provided, and a special servant is provided whose duty it is to see that the patients are well wrapped up. The exact amount of rest and exercise that each patient shall have is carefully designated. At the beginning of treatment it is necessary for the patient to be quiet and then toward the end of treatment he takes more exercise. Those slightly affected give themselves to exercise for three or four hours during the second and third months of their treatment. Those further advanced, however, do not spend more than one half hour in exercise on level ground after six months of treatment. When a patient arrives he is put at rest to allow himself to recuperate from the journey, in order

to hasten acclimatization and in order to allow the physician to study the range of his temperature, and his general resisting powers. Deep breathing is carried on only when the physician believes it to be safe and to the advantage of the patient. It is carried out by having the patient at intervals during the day, take eight or ten deep breaths, according to Dettweiler's plan. Patients are not allowed to sleigh-ride and only the cases very slightly affected are allowed to skate, and this under careful supervision. Febrile cases are kept absolutely in bed until the disappearance of the fever. While confined to their beds the windows of the balcony are kept wide open. If the fever does not disappear by the fourth month of treatment the case is looked upon as unfavorable.

Hydrotherapy is carried out according to the individual. One per cent. of the cases are not able to bear these measures on account of nervousness. The rest are treated every morning with dry friction, moist friction, alcoholic rubs, wet packs or douches.

The frictions are taken on awaking, the douches after eating, before the morning walk. The vertical douche is not well borne, but the lateral douche of Winternitz is very useful. These douches are given with about one or two atmospheres pressure and so regulated that the water becomes gradually colder; beginning with about eighty degrees and reducing to sixty. At first shock is avoided and the bath is ended by a brisk friction, which causes the skin to react well. In neurasthenic cases tepid baths are given with good results. Patients take a warm bath followed by friction before retiring.

The following is a sample of a day's program for an acclimated patient in good condition:

7 A. M. rise.

7:30 First breakfast consisting of

coffee, milk, bread, butter and honey.

8 A. M. Douche.

8:15 to 9:45 A. M. Ascension of mountain with frequent rests on the way.

10:30 to 11 A. M. Second breakfast, consisting of one pint of milk, bread, butter.

11 to 12 A. M. Promenade on the level with frequent rests.

12 to 1 P. M. Complete rest.

1 to 2 P. M. Dinner, consisting of soup, fish, meats, vegetables, roasts, salads, fruits, desserts with small quantities of wine.

2 to 2:30 P. M. Lounging about in the open air.

2:30 to 4 P. M. Lying down in the open air.

4 to 4:30 P. M. Cup of coffee with milk and one pint of milk with wafers.

4:30 to 6 P. M. Promenade with frequent rests.

6 to 7 P. M. Rest cure.

7 to 7:45 P. M. Dinner consisting of soup, meat, vegetables, cold meats, butter, fruit and beer.

8 to 9:30 P. M. Rest cure.

9:15 P. M. one pint of milk.

10 P. M. Retire.

This regime, which is for a patient not very ill, gives the patient ten and a quarter hours in the open air, of which time he walks about three and one half hours, sits down one hour and is lying down for five and three-quarter hours.

For non-febrile advanced cases the day is begun by a moist rub before the patient arises, and the douche is not given at all. During the day the hours for walking about are much shorter, and the hours for rest much longer.

The psychical treatment assumes a very important place. The physician should examine the patient very carefully and then tell him the nature of the disease and the course that it is liable to run.

THE RELATIONSHIP OF BOVINE AND HUMAN BACILLI.—At the last meeting of the British Medical Association (British Medical Journal, Sept. 27, 1902) Hamilton reviews the work done by various investigators to prove or disprove the intercommunicability of bovine and human tubercle bacilli. He calls especial attention to the observations made by De Jong, Pearson and Ravenal that bacilli are able to become acclimatized. The two last mentioned experimentors found that human bacilli when first inoculated into calves might only show slight manifestations, but, after passing them through several other calves their virulency was increased. After five transferences they were able to produce miliary tuberculosis. During the year positive results in inoculating cattle with human bacilli have been reported by Chaveau, Delepine, Arloing, Bollinger, Klebs and Rievel, Crookshank, Sydney Martin, Thomassen, Nocard, de Jong, Ravenel, and Behring. The author also signified that his own experiments were positive in their results although he was not at liberty to give a full report at the time. While these various authors report positive evidence of transmissibility, it does seem that under ordinary circumstances cattle are very resistant to the human bacillus. It will take much longer observation to determine whether or not bovine bacilli will, under ordinary circumstances, infect human beings. At the Autumn Conference of the International Central Bureau for the Prevention of Tuberculosis which was just held in Berlin, Prof. Koch still maintained the stand taken at the London Congress and reasserted the non-identity and non-intercommunicability of bovine and human tubercle bacilli to a sufficient extent to make either a danger to the others host. Although the reports of these various experimentors show that cattle can be infected by the bacillus of

human origin, nevertheless, they further show that such infection does not take place readily. They show nothing, however, on the other side of the question, and it will take a much longer time to convince the medical world that infants and little children with catarrhal inflammations of the mouth, tonsils, pharynx above and of the intestines below can be fed upon milk laden with bovine bacilli with impunity.

TREATMENT OF LARYNGEAL TUBERCULOSIS.—Although he acknowledges that laryngeal tuberculosis is to be counted among the curable diseases, R. Freytag (Münch. med. Woch., May 13th, 1902), in reporting his experience, cannot speak of any cases which have been cured. Of 40 cases he was able to follow 25 to the end, and, deducting from this number 5 cases still under treatment, all of them eventually terminated fatally. Still, there is much which can be done for the local condition both palliatively and curatively; the pain, hoarseness, and difficulty in swallowing can be removed, and at times the process can be healed in the larynx, although the concurrent affection of the lungs goes on, and ends only in the death of the patient. In dealing with the local methods, he first turns his attention to the endo-laryngeal operative interferences. The necessary conditions for a possible success by endo-laryngeal methods are, good general nutrition, little lung affection, local changes of a particular kind and marked limitation, and minimal subjective symptoms. The chief objection to all extensive operations performed from within is that the field of view is difficult to control, as one has to work with monocular vision. On the other hand, external operations are but little adapted to the processes, and Freytag does not think that one should include partial or total extirpation of the larynx

among the operations for laryngeal tuberculosis. Tracheotomy is also but ill-fitted to the needs of the disease, and is not to be recommended. He considers that granulation tumours and other forms of growths met with in this condition should be removed with the snare or scissors (that is, cutting forceps.) Infiltration and ulceration is best dealt with by the use of a single or double curette. In this way he has been successful in getting larynges, showing considerable amount of changes, to heal up entirely. Many of the patients are extremely sensitive and nervous, and it is often inadvisable to attempt much operative treatment, but almost as good results can be obtained by medication. The best means of dealing with tuberculous ulceration of the larynx in these cases is to apply lactic acid. This is done by rubbing a solution (50 per cent. to concentrated solutions, are used) of the acid on to the ulcerated part by means if a pledget of wool on a sponge holder. The acid will be found to act only on the diseased tissue. In dealing with infiltration, one should use the curette first. Sometimes lactic acid produces much pain, and then it will be found useful to use parachlorphenol in its place. The latter is used in 2 to 20 per cent. solutions. Oil of menthol is also very useful in dealing with tender throats; it is to be injected into the larynx, and as some of the fluid is carried into the trachea and thence into the lungs, it has the advantage of exercising a beneficial influence on the pulmonary symptoms. There is another preparation which has much to recommend it: this is the new orthoform or "nirvanin." Apart from its antiseptic action, it checks the secretion, and above all, acts as an anesthetic. One either insufflates the powder, or applies a 10 per cent. solution. Freytag has a good word to say about jodal, aristol, and hetocresol, although he finds that iodoform in the

form of an insufflation is often accompanied by unpleasant side effects. Of the inhalations he says that they appear to act more on the lungs than on the larynx, but believes that some of them are of distinct value. He calls special attention to the fact that these forms of treatment are only of real use to comparatively early cases, and he records anything like energetic treatment of those cases in which the days of the patient are numbered, as not only useless, but actually causing unnecessary torturing to the patient. In suitable cases he has obtained very satisfactory results, as far as the local process was concerned, but he also not infrequently saw recurrences of the local and steady progress of the pulmonary condition.—[British Med. Journal.]

(This brings before us again the hopelessness of this affection. Statistics of various authors show from 20 to 50 per cent. of all pulmonary cases to be accompanied by laryngeal lesions. This shows how necessary it is for the man who treats tuberculosis to be a laryngologist. A few years ago operations upon the larynx in these cases were more common than they are now. It has been shown that equally good results, if not better, can be obtained by conservative measures. While a cure in these cases is not often obtained, it does not say that treatment is useless. On the contrary if that properly directed it will afford relief to the sufferer and make his last days bearable. It seems but rational, since operative measures are so barren of result that they should be generally supplanted by less active treatment. The use of lactic acid is generally favored and seems to produce very good results. The advice to curette infiltrations before the application of acid does not seem to be rational except on the ground that lactic acid does not act except on denuded surfaces. Why produce an open wound?

If it were possible to eradicate all the tubercular tissue then such a procedure might be justifiable, but with the chances of doing so against us, it seems to be a very questionable procedure. The history of such cases is that they nearly always soon break out again; so it seems better to err on the side of conservatism, and treat the local lesion by gentle means and at the same time build up the patient and increase his vital powers in all ways at our command. The writer has always found conservative measures to be most human. Lactic acid in mild solutions, not more than 20 to 25 per cent. protargol in solutions of 5 and 10 per cent., orthoform either in the form of a powder or as an emulsion, as suggested in the last issue of the Journal, and menthol either as a spray in from 2 to 4 per cent. solution or locally applied in somewhat stronger solutions, have, with careful management (including as near absolute rest to the larynx as possible.) and properly directed general measures usually given, results equal to those more harsh. F. M. P.)

LEGISLATION FOR THE PREVENTION OF CONSUMPTION IN AUSTRIA.—The Austrian Home Office has recently issued an ordinance making prophylactic and hygienic measures against the spread of tuberculosis compulsory. Under the terms of this enactment all persons suffering from tuberculosis will have to sleep in separate rooms, and their clothing and other things which have become affected are to be disinfected. Directions are also given for cleansing the rooms. Expectoration in places of public resort is strictly forbidden. Medical practitioners are compelled to notify the authorities of every case of tuberculosis which comes under their observation. Be-

sides these compulsory regulations, any breach of which is punishable, certain recommendations are also made as to the treatment of infected members of a family and their intercourse with healthy individuals. Moreover, tuberculous patients are warned against marrying, at any rate until the disease has been cured or checked.—[British Medical Journal.

The above legislation is in harmony with the bacteriological developments of recent years, and it is to be hoped that all civilized countries will soon take the necessary steps to prevent this scourge. It is generally accepted as being a preventable disease; so, in the words of King Edward, "why not prevent it?"

In this work of prevention it must be remembered that there is another side from the bacteriological that must not be neglected. While it is necessary to look well to the destruction of the germ, it is just as necessary to look after the soil upon which these germs thrive. Along with this movement for the destruction of sputum and the prevention of danger from association with those ill of the disease it would be well to carry on a movement for the betterment of the condition of the people. It is a known fact to all who study the question of tuberculosis that it is a disease of the poor, infecting most frequently those who are under-fed and those who are housed in crowded quarters where the sunshine and fresh air are not allowed to enter. It is to be hoped that legislation which is intended for the prevention of this scourge will not only look after the destruction of sputum, but will also aim at providing better houses, better food, fresh air and sunshine for the masses.

TUBERCULIN TEST.—An inter-

esting account of the tuberculin test as given to 400 Austrian soldiers was communicated to the medical society of Vienna by Dr. K. France (Wien. klin. Wochenschrift—Revue Medicale du Canada).

The dose of 1 mg. was given between 6 and 8 in the evening, then repeated with a dose of 2 or 3 mg. on those cases which did not react to the first dose. Some few were given a third dose, 9 mg. being used. The results were such that 245 reacted positively, 145 negatively and 10 doubtfully. The rise of temperature in the positive cases was from one to two degrees. There was no complication and the inoculation was always free from harm, most of the men being able to return to service in from thirty-six to forty-eight hours; some, however, were not entirely free from symptoms for four days, but after this time nothing further was noticed. The author informs us that tuberculosis is particularly common in Bosnie Herzegovine and although all men who were found tubercular at the time of enrollment were excluded, yet tuberculosis has made ravages in the army. It was for the purpose of finding out whence came this tuberculosis that this test was given. As a result of this test Dr. France concludes that the disease is not contracted in the army but in the homes of the soldiers before they enlist.

THE DECREASED BIRTH RATE IN FRANCE.—One hundred years ago it was reckoned that the great powers of Europe numbered about 98,000,000 inhabitants and of these 26,000,000, or 26.5 per cent., were the French; today, out of about 300,000,000, only 38,000,000, or about 12.6 per cent., belong to France. As Dr. Henry May has shown, the English birth rate is also declining, though at a much less rate, and it is probable that the same

causes as are at work in France are making their influences felt in England also. The principal of these causes is undoubtedly one which is well described by a recent writer on the subject in the Journal de Medecine de Paris: "The dirth of children in France is due to the fact that the French people do not choose to have families. This defective natality cannot be laid to the charge of poverty. The richer a Frenchman, the fewer children he has. This is equally true in town and country. . . . Grenoble, one of the poorest parts of Paris, heads the list for births, while the Champs Elysees is at the foot." That the above view is correct is borne out by a consideration of the fecundity of marriages. The number of legitimate births annually per 1000 married women is 115 in France, 184 in Italy, 186 in Norway, 190 in England, 202 in Germany, and 205 in Scotland. According to the 1891 census, there were in France 22 families out of every 100 which had only two children living, and 24 out of every 100 families which had only one living child. The so-called neo-Malthusianism is principally responsible for the above disastrous conditions.

LONGEVITY IN EUROPE.

Of European nations the Norwegian and Swedish are longest lived, the Spaniards the shortest. The Bulletin Generals de Therapeutique gives the average duration of life as follows:

Sweden and Norway, 50 years.
 England, 45 years and 3 months.
 Belgium, 44 years and 11 months.
 Switzerland, 44 years and 4 months.
 France, 43 years and 6 months.
 Austria, 39 years and 8 months.
 Prussia and Italy, 39 years.
 Bavaria, 36 years.
 Spain, 32 years and 4 months.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
AINSWORTH, MISS MARY J.	Masseuse.	1055 W. 35th.	Blue 2851
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
ARNESON, MISS	Graduate California Hosp.	734 S. Hill St.	Green 134
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
BRAME, MRS. MARY A.	Graduate California Hosp.	315 W. 6th.	Main 607
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	305 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CRAWFORD, MISS M. A.	Trained Nurse.	1417 Pleasant St.	Main 912
COSTER, MISS E.	Graduate Middlesex Hospital London.	432 S. Main.	White 2062
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	202 W. 27th.	Blue 571
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S. Hill.	White 4661
DAKIN, MISS ADA W.	Graduate California Hosp.	2704 S. Main.	Blue 5465
EHRLMAN, MISS IDA M.	Trained Nurse.	1947 Estrella Ave.	Blue 616
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass.	912 W. 5th.	Red 181
GREGG, MISS MINNIE M.	Trained Nurse.	1018 W. 8th.	
GILBERT, MISS A. J.	Graduate Nurse.	1350 Palm.	Blue 3576
HARRIS, MISS LINDA C.	Graduate Lake Side Hospital, Chicago, 1895.	The Colonade, 330 S. Hill.	John 221
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
HEAPS, MISS C. B.	Graduate California Hosp.	Hotel Clarendon.	Red 3851
INMAN, GINEVRA	Graduate Nurse.	315 W. 6th.	Main 607
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill.	White 4661
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KOHLER, MISS MARGERET....	Graduate Nurse.	1350 Palm.	Blue 3576
KENDALL, MISS NAUDE	Graduate California Hosp.	1507 S. Grand Ave.	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	127 W. 28th.	West 228
LAWSON, MISS	Graduate Nurse.	623 W. 15th.	White 1151
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
LEWIS, MISS E. P.	Graduate Nurse.	1000½ S. Main.	Blue 6408
MILLER, MISS FLORENCE.....	Graduate California Hosp.	215 W. 16th.	Blue 4661
MONEA, MISS E.	Graduate Nurse	226 W. Eleventh	Blue 4501
McCLINTOCK, MISS CLARICE..	Graduate California Hosp.	919 W. 40th St.	Hope 1672
PURDUM, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801
POTSCHERNICK, MISS.....	Graduate Nurse.	728 S. Hill.	Red 4581
READ, BEATRICE.....	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SIMPSON, MISS LILLIAN.....	Graduate California Hospital.	830 Moore St.	Jefferson 6392
SULLIVAN, MISS KATHERINE.	Graduate Nurse.	315 W. 6th.	Main 607
SAX, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801
SERGEANT, MISS.....	Graduate California Hosp.	2808 S. Hope.	White 576
STANFIELD, MISS A. E. V.....	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.....	Graduate California Hosp.	423 S. Spring	Green 1972
WILLIAMS, MISS CAROLYN. .	Graduate California Hosp.	Hotel Broadway.	South 136
WOOD, MISS A.....	Graduate California Hosp.	1559 Shatto.	James 4391
WEED, MISS E.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
WALLER, MISS.....	Graduate California Hosp.	941 S. Figueroa	White 6124

NURSES' DIRECTORY—Continued

NAME	QUALIFICATION	STREET	TEL.
Male Nurses.			
HERBST, THOMAS C.....	Professional Male Nurse 20 years' experience.	123 Wilshire Blvd. Room 6.	Main 111
HARDIN, F. S.....	Professional Masseur. Massage under Physicians' directions. 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. Colorado St. Tel. Black 947	W 400 1333
JONES, T. L.....	Professional Nurse and Masseur.	Y. M. C. A. Bldg. 51 103 S. Broadway	1101 M. W. Night 940 348, M 899
PUPKE, EDWARD H.....	Professional Masseur. Scientific Massage and Rubs. Late of Las Vegas Hot Springs.	410 Crockett.	Black 4579
TORREY, ROBERT S.....	Nurse.	259 Avenue 21.	Main 111
WYATT, JOSEPH D.	Nurse—Special experience in nursing in Diseases of Mind and Nervous System.	537 Orange Grove Ave., Pasadena.	Main 79

CHORIC SONG.

There is no music here, but we don't
care,
Our dinners will digest without sweet
strains.

As long as our digestions don't im-
pair

We've got no time to listen to re-
frains.

And though at some hotels the trump-
ets sound

To raise consumption from the ounce
to pound—

And soothe the savage breast when
bills come round—

Yet need we not such stimulation.
Swift

Into some juicy portion do we drift
And give that juicy portion shortest
shriff.

2.

How sweet to eat and ever hungry
be!

How sweet to feast and ne'er a doctor
see,

To gorge on food that ever will agree!
And in this pleasant centenary heat
To lounge at ease, and still unceasing
eat,

To bring forth progeny and turn them
loose,

And watch grandchildren sporting
round our knees!

Ah, he who'd wander hence hath no
excuse;

Where naught is hostile—all is made
to please!

3.

The Lotus blooms on every height
you see—

The Lotus blooms in every cavity;

We eat that Lotus—what is there to
stop

As long as lasts the blooming Lotus
crop?

And though the doctor with stick-pin
neat

Injects dead relatives we cannot eat,
Still there are many pleasant pastures
left

Which of the Lotus are not yet be-
reft.

So let us swear an oath, and perform
it if we can,

Just to keep the old ball rolling in the
way that we began,

And if any siren doctor would entice
us from our rest—

Soak us in corrosive sublimate as if
we were a pest—

When he's listening with his stetho-
scope, he'll hear that song of yore,

"O rest ye, brother Bacilli, we will
not wander more."

ONE OF THE LADY

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, M.D., Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

LORENZ IN LOS ANGELES.

Dr. Adolf Lorenz has been the guest of the medical profession of Los Angeles for a week. It is seldom an American city is privileged to meet and know so intimately a man of science from abroad; and this opportunity has proved in every respect a most happy occasion.

Prof. Lorenz was educated in the University of Vienna, and became immediately Albert's assistant. Later he became privat docent to Albert, and still later was made professor of surgery. He held a clinic in general surgery at the Allgemeine Krankenhaus for a number of years, and ten years ago was made professor of orthopedic surgery and chief of the orthopedic klinik. He is now

forty-nine years old, and is one of the most favorably known orthopedic surgeons living.

His work in the study of congenital luxation of the head of the femur has made his name distinguished.

The bloodless method of reduction, which is known by his name was first published in Berlin seven years ago, and described by him at a meeting of the Vienna Medical Society in the winter of 1896. Previous to his adoption of the bloodless technique he had effected reduction by tenotomy, in 250 cases. Since the employment of the present method he has treated over 1000 cases with such exceptional results that for favorable subjects between the ages of 3 and 8 years he employs the bloodless method only.

With scarcely an exception this kindly, scholarly Austrian has won the hearts of the American profession by his quiet gentle ways. And no higher mark of his worth could appear than the cordial reception which has everywhere attended his modest but earnest demonstrations.

Doubtless most of us who have seen him work have felt we were truly in the presence of a master, who by his genius and his patient thought had learned to do one important thing better than any other man. To the writer he said; "We should know no boundaries of country or nation; our science makes us cosmopolitan."

The tour which Dr. Lorenz is making has already accomplished a great amount of good. In every city where he has held his clinics it has been astonishing to see the number of congenital cases that were presented, and to observe the enthusiasm aroused for more accurate diagnosis and the institution of proper treatment.

Years ago it was a very common thing to see neglected club foot. Now it is rarely observed. We are still seeing uncorrected and improperly treated cases of scoliosis, tubercular spine, and spastics. These will gradually disappear as proper and well understood methods of treatment are put in force.

The same is true of congenital dislocation of the head of the femur; and the visit of this earnest worker, whose gracious teaching and kindly ministries have excited our admiration, will result in lasting benefit to all.

Before coming to Los Angeles, Prof. Lorenz held clinics in Chicago, Denver and San Francisco. Eastward he will give demonstrations in St. Louis, Chicago, Cincinnati, Baltimore, Philadelphia and New York from which city he expects to sail for England early in January. Everywhere he and his assistant, Dr. Mueller, have been, they have given generously of their time and strength for the benefit of the profession and the people. In return, gentlemen prominent in the profession have esteemed it a privilege and pleasure to extend hospitality and entertainment to the distinguished guests.

While in Los Angeles Dr. Lorenz devoted a portion of each morning to the examination of the little patients from whose number he selected certain ones suitable for treatment. Of the forty or fifty who were presented for examination, only nine were chosen as operable.

Most of the cases rejected had not been recommended by a physician, but had been brought by the parents in the vain hope something could be done.

One was operated at the California Hospital, four at the Medical College and four at the Good Samaritan Hospital. All were unilateral except one, which was a double dislocation. One case was in a colored child of five years. All but one were girls. In each case different conditions existed in the conformation of the acetabulum. There were variations in the height of the posterior superior and inferior seg-

ment of the hip, and also in the depth of the cavity, and these variations must affect materially the prognosis. There was a marked difference to be observed in the force required in overcoming muscular resistance, in some cases the muscle breaking down more freely than in others. Prof. Lorenz emphasized the necessity of thoroughly overcoming muscular rigidity. This he did by getting thorough abduction of the thigh, extension of the leg on the thigh while abducted, and flexion of the thigh on the abdomen. The posterior group was then stretched, moderate extension made by pulling the limb directly in the plane of the body; and finally by right-angle abduction and slight rotation outward he deftly turned the head of the femur into the acetabulum. The leg was put up at right angles to the body in a plaster cast applied in the manner known as the "Lorenz spica," to be left in that position for seven or eight months, or longer should the case require a second cast. No crutches are permitted, the patient being required to walk on the corrected foot with a shoe elevated five centimetres.

The clinic at the college was attended by several hundred physicians from Los Angeles and neighboring towns, and altogether the visit of this great teacher to Southern California, of whose "golden sunshine and azure skies" he spoke so eloquently, will be gratefully remembered by all who heard and saw him.—ANDREW STEWART LOBINGIER.

THE VALLEY SOCIETIES.

On October 21st the Medical Societies of Redlands, Riverside, San Bernardino and Pomona Valley met in joint session at Loma Linda. Dr. Frank Garcelon of Pomona was chosen President, and Dr. C. C. Browning of Highland was made Secretary. A committee on resolutions, having in view the forming of a district society as above outlined, was appointed, consisting of Dr. C. Von Swalenburg of Riverside, Dr. White of San Bernardino and Dr. E. E. Major of Redlands. The three papers which appear in this month's Practitioner were then read.

At the evening session the physicians and their wives marched into the banquet table, and Dr. Browning of Highland acted as toastmaster. Dr. B. F. Church of Los Angeles welcomed the assembled guests on behalf of the management of Loma Linda, as follows:

Mr President and members of the Medical societies assembled:

It affords me great pleasure to greet you and in the name of the management of Loma Linda, you are extended a most hearty welcome. Such gatherings of medical men for the purpose of interchange of ideas and experiences to better enable them to battle with disease and death are highly commendable. Few realize the sacrifice of time and expense that the majority of physicians give to the study of their profession. Not only the years of arduous labor, undergone by the student before receiving his coveted diploma, but the progressive physician such as are before me, returns to his alma mater or some of the great medical

centers, every two or three years during his professional career, for further investigation and study.

The existence in all of our large cities of so many extensive and perfectly equipped post-graduate medical schools utilizing thousands of the indigent class for the purpose of study and demonstration of all of the pathological conditions, is a standing monument to their zeal for further enlightenment in our life's work—the noblest calling of man.

The true physician cannot countenance isms, pathies or dogmas of any description. He is not an allopath, a homeopath, an electric or a rubbing doctor, but a physician in its broadest sense; one who conscientiously strives to relieve human suffering and disease whatever his methods may be to accomplish that end.

The life of a physician is a strenuous one of almost constant labor and application. He has little time for relaxation and rest. Let this occasion, in part at least, be an exception to the rule. After short sessions of labor while here enjoy yourselves to the fullest extent amid these beautiful surroundings of Nature and works of man.

Receive the full hospitality of the well appointed institution so freely offered in the spirit in which it is given. I, in its name, bid you welcome, thrice welcome.

During the evening Drs. Major, Wesley Thompson, Louise Harvey Clarke, Thomas, Toland, Von Swalenburg, all responded to appropriate toasts.

After the banquet Dr. Thos. J. McCoy, of Los Angeles, read a paper on

"The Eye in Relation to a Few General Diseases."

The following were present:

Doctors Wesley Thompson, D. W. White, San Bernardino; H. R. Martin, Riverside, Chas. E. Ide, Hoell Tyler and wife, E. T. Major, Redlands; C. Von Swalenburg and wife, Louise Harvey Clarke, C. W. Girdlestone, J. G. Baird, Oscar J. Kendall, Riverside; Jno. C. King and wife, Banning; C. C. Browning and wife, J. H. Evans and wife, Highland; Thos. J. McCoy and wife, C. S. Dickson and wife, B. F. Church, Los Angeles; M. R. Toland, Pomona; F. W. Thomas, Claremont; S. Outwater and wife, Riverside; also Miss Gertrude Ward, of Los Angeles; Miss Anita M. Pugh, of San Bernardino.

HIS HONOLULU TRIP.

Dr. H. H. Maynard, the well known Los Angeles surgeon, has returned from his Honolulu trip, refreshed and rested. He left San Francisco August 14th on the steamship Sierra and arrived at Honolulu on the 20th. His trip was very enjoyable—he was not even nauseated. He says the ocean was perfectly placid, and he did not see a case of seasickness on the trip. Dr. Younger is the ship's surgeon, and he showed Dr. Maynard many pleasant courtesies.

At Honolulu Dr. Maynard met Dr. W. E. Taylor, formerly of San Francisco. Dr. Taylor is Medical Inspector of the United States Navy at that port. Dr. Maynard also met Dr. Cofer, of the Marine Hospital Service, whom many remember pleasantly from his residence in Los Angeles.

Dr. Cofer has established a model crematory for the incineration of persons who have died of infectious diseases. He is making a garden spot of the quarantine island, so that the stay there of persons quarantined will be as agreeable as possible. Dr. Cofer has also installed a complete sterilizing equipment for clothing and bedding. While Dr. Maynard was at Honolulu he was given, as an act of courtesy, a license to practice medicine in the island.

From Honolulu he went, by one of the inter-island steamers, to Hilo, two hundred and forty miles away; from there he went by railroad to Volcano House, sixteen miles away. Here he was met by his son, Mr. Rea Maynard, who, as civil engineer, is completing a railroad for a vast plantation, consisting of four hundred thousand acres of land. That night he visited the volcano, Hale Mau Mau, which is now in active operation. This name means 'house of everlasting fire.' The Doctor says they could look down the crater and see fire for a thousand feet. There were acres of fire all about them, and this, together with the constant deafening explosions, made it a scene indescribable and never to be forgotten.

The next day he went to Pahala, where his son had his offices. There he remained for one month of delightful rest. The weather was exceedingly pleasant, with the exception of two days when they had a wind something like the so-called Santa Ana's of Southern California. During the day there was a refreshing trade wind, and during the night a cool breeze from

the mountains, which made the night a luxury. There is a difference of about ten degrees, through these islands, between summer and winter.

On his return to Honolulu he met Dr. Cooper, member of the territorial board of health, and Dr. McDonald, formerly of San Francisco, and accompanied by them and Senator Burton of Kansas, he went to the leper receiving station, three miles out from Honolulu. There the board of health were passing on suspects present, as to whether they were lepers or non-lepers. The bacteriological test seemed to be the point on which the decisions were based. Those who were found to be lepers were sent to Molokai, while one class of suspects were detained for further examination and another class of suspects were allowed to go home, with orders to return once a month. Twenty-one were examined on this day.

Dr. Maynard returned home on the same steamship on which he went out, and again had an enjoyable trip. The Doctor thinks the island a delightful place in which to die; in other words, after a person is through work, he could spend the evening of his life there gently, comfortably and peacefully, but for persons who desire an active life he prefers California; although he says his son, who has been there now some years, is completely attached to the islands and could not be persuaded to again live in California.

PRESIDENT ROOSEVELT'S INJURY.

The Indiana Medical Journal for October, in speaking of the little opera-

tion that was performed at Indianapolis by Dr. Henry Jameson, in consultation with other Indianapolis medical men says:

"The medical counsel found an inflamed area the size of the palm over the middle third of the left anterior tibial region in the center of which was an elevated area some inch and a half in diameter, elastic and painful. It was at once determined that the condition of the limb was such as to prevent any further safe use of it, and that the tumor should be aspirated and its nature determined. There was found to be a circumscribed collection of perfectly pure serum in the middle third of the left anterior tibia region, the sac containing about two ounces, which was removed.

It would have been presumptuous to have cut down upon the bone, when there was a considerable probability that by aspiration of the subperiosteal effusion in connection with absolute rest resolution might occur. Moreover, there was present about the tumor a pustular folliculitis which rendered it more difficult to open the tumor without possible infection. A letter from Dr. Lung of October 1st states that when the wound was opened by Dr. Rixey, September 28th., no pus was found, but only edema and thickening of the periosteum and a slight roughening of the bone."

MORTALITY OF THE NEGRO

An interesting article appears in the Medical Examiner and Practitioner for October from the pen of Frederick Hoffman of Newark, N. J., who is the

statistician of the Prudential Life Insurance Company.

The author says, "the insurance of negroes by industrial companies was early recognized to be impossible on the basis of rates charged to the white population, and as far back as 1887 special tables of rates were constructed to meet the peculiar necessities of the case. The census of 1900 shows the comparative mortality of the white and colored population as follows: The mortality per 1,000 of population at each age period, together with the relative mortality of the colored population on the basis of the normal death-rate of the whites. It is shown that to every 100 deaths among the white population, ages 5 to 14, there will be 240 deaths among the colored population; at ages from 25 to 34 the relative mortality of the colored is 196, and at ages 65 and over, 126. The relative differences in the death rate are, therefore, greatest at young ages and less among the element which may be said to represent the results of slavery conditions before the civil war. In other words, the new generation is shown to be relatively subject to a much higher death-rate than the old, and in the struggle for race survival a type giving evidence of a low degree of vital resistance must needs, in course of time, pass away before the healthier and dominant race."

While the race question is now a serious one throughout the South, yet we believe that disease and crime will solve that question, and that the negro in a few decades will cease to be an important factor. There will, of course, be a survival of the fittest

among them, but the disturbing element of the negro race will gradually be eliminated. This subject gives an interesting field for the sociologist, and in fact the whole civilized world will watch with interest the solution of this serious problem.

"DRUGLESS DOCTORS."

Hereafter "D.D." following the name of a man or woman, as the case may be, will not necessarily mean "Doctor of Divinity," but will most probably mean "Drugless Doctor."

The "California State Association of Drugless Doctors" was formed October 16th at 330½ S. Spring street, Los Angeles. These D. D's are under the leadership of W. J. Haney. "Our Association," he says, "will be composed only of men and women who know the functions of the organs of the body. It is not intended to raise the standard of healers, as those who will be admitted to membership must all be of sufficiently high standard in learning and character."

There were thirty-five healers, mental and physical culturists, hypnotists, magnetic healers, etc., who became charter members. The officers elected were: President, Dr. Nathan Elliott, Los Angeles; vice president, Dr. Mrs. G. A. Sargent of Pasadena; second vice president, Dr. Mrs. Lita Brown, Los Angeles; secretary and treasurer, Dr. W. J. Haney.

MEDICAL LECTURES.

There are many physicians throughout Southern California, who are from time to time in Los Angeles, and who are always welcome at any of the fol-

lowing lectures, at the College of Medicine, Session, 1902-1903.

FRESHMAN CLASS SCHEDULE.

Monday—9 o'clock, Dissections; 10 o'clock, Prof. Murphy, Anatomy; 1 o'clock, Prof. Colliver, Physiology; 2 o'clock, Prof. Colliver, Physiology; 3 o'clock, Prof. Colliver, Physiology; 4 o'clock, Dr. Quint, *Materia Medica*; 5 o'clock, Dissections.

Tuesday—8 o'clock, Dissections; 9 o'clock, Dissections; 10 o'clock, Prof. Murphy, Anatomy; 11 o'clock, Dissections; 12 o'clock, Dissections; 1 o'clock, Prof. Colliver, Physiology; 2 o'clock, Prof. Colliver, Physiology; 3 o'clock, Prof. Colliver, Physiology; 4 o'clock, Dissections; 5 o'clock, Dissections.

Wednesday—8 o'clock, Prof. Black, Histology; 9 o'clock, Prof. Black, Histology; 10 o'clock, Prof. Black, Histology; 11 o'clock, Prof. Murphy, Anatomy; 2 o'clock, Prof. Colliver, Physiology; 3 o'clock, Prof. Colliver, Physiology; 5 o'clock, Dissections.

Thursday—8 o'clock, Prof. Stabler, Chemistry; 9 o'clock, Prof. Stabler, Chemistry; 10 o'clock, Prof. Stabler, Chemistry; 11 o'clock, Dr. Kirkpatrick, Anatomy; 2 o'clock, Dissections; 3 o'clock, Dissections; 4 o'clock, Dr. Quint, *Materia Medica*; 5 o'clock, Dissections.

Friday—8 o'clock, Prof. Black, Histology; 9 o'clock, Prof. Black, Histology; 10 o'clock, Prof. Black, Histology; 11 o'clock, Dr. Kirkpatrick, Anatomy; 2 o'clock, Dissections; 3 o'clock, Dissections; 4 o'clock, Dissections; 5 o'clock, Dissections.

Saturday—8 o'clock, Prof. Stabler, Chemistry; 9 o'clock, Prof. Stabler, Chemistry; 10 o'clock, Prof. Murphy, Anatomy; 2 o'clock, Dissections; 3 o'clock, Dissections; 4 o'clock, Dissections; 5 o'clock, Dissections.

SOPHOMORE CLASS SCHEDULE.

Monday—8 o'clock, Prof. Wills, Surgical Anatomy; 9 o'clock Prof. Murphy, Anatomy; 10 o'clock, Prof. Black, Bacteriology; 11 o'clock, Prof. Black, Bacteriology; 1 o'clock, Prof. Barber, Pathology; 2 o'clock, Prof. Barlow, Physical Diagnosis; 3 o'clock, Prof. Colliver, Physiological Lab'y; 4 o'clock, Prof. Colliver, Physiological Lab'y; 5 o'clock, Dissections.

Tuesday—9 o'clock, Prof. Black, Pathology; 10 o'clock, Prof. Black, Pathology; 11 o'clock, Prof. Black, Pathology; 12 o'clock, Prof. King, *Materia Medica*; 2 o'clock, Prof. Witherbee, Physiology; 3 o'clock Dissections; 4 o'clock, Dissections; 5 o'clock, Dissections.

Wednesday—8 o'clock, Prof. Stabler, Chemistry; 9 o'clock, Prof. Stabler, Chemistry; 10 o'clock, Prof. Murphy, Anatomy; 11 o'clock, Prof. Black, Bacteriology Dissections; 12 o'clock, Prof. Black, Bacteriology Dissections; 2 o'clock, Prof. Colliver, Physiology; 3 o'clock, Prof. Colliver, Physiology; 4 o'clock, Dissections; 5 o'clock, Dissections.

Thursday—8 o'clock, Prof. Wills, Surgical

Anatomy; 9 o'clock, Prof. Orme, Hygiene, (2nd sem.); 10 o'clock, Prof. Murphy, Anatomy; 11 o'clock, Prof. King, Materia Medica; 2 o'clock, Prof. Barlow, Phys. Diagnosis, (1st semester); 3 o'clock, Dissections; 4 o'clock, Dissections, 5 o'clock, Dissections.

Friday—8 o'clock, Prof. Stabler, Chemistry; 9 o'clock, Prof. Stabler, Chemistry; 10 o'clock, Prof. Murphy, Anatomy; 11 o'clock, Prof. Black, Bacteriology Dissections; 12 o'clock, Prof. Black, Bacteriology Dissections; 1 o'clock, Prof. Witherbee, Physiology; 2 o'clock, Prof. Barber, Pathology; 3 o'clock, Dissections; 4 o'clock, Dissections; 5 o'clock, Dissections.

Saturday—8 o'clock, Prof. Black, Pathology; 9 o'clock, Prof. Black, Pathology; 10 o'clock, Prof. Black, Pathology; 3 o'clock, Dissections; 4 o'clock, Dissections; 5 o'clock, Dissections.

JUNIOR CLASS SCHEDULE

Monday—8 o'clock, Prof. Wills, Surgical Anatomy; 9 o'clock, Prof. J. Kurtz, Surgery; 11 o'clock, Prof. Carl Kurtz Gynecology; 12 o'clock, Prof. Hagadorn, Practice of Medicine; 1 o'clock, College Clinics—Medicine, Surgery, Gynecology, Nervous.

Tuesday—8 o'clock, Prof. Lasher, County Hospital; 9 o'clock, Prof. Lasher, County Hospital; 10 o'clock, Prof. Follansbee, Dis. of Children; 11 o'clock, Prof. Cole, Therapeutics; 1 o'clock, College Clinics—Medicine, Surgery, Eye, G.-U. Diseases and Dermatology, Children's diseases; 2 o'clock, Prof. Ellis, Ophthalmology, (1st semester); 4 o'clock, Prof. Lasher, Lecture or Recitation.

Wednesday—8 o'clock, Prof. MacGowan, County Hospital; 9 o'clock, Prof. MacGowan, County Hospital; 10 o'clock, Prof. Murphy, Surgical Pathology; 11 o'clock, Prof. Hagadorn, Practice of Medicine; 1 o'clock, College Clinics—Medicine, Surgery, Ear, Nose and Throat; 2 o'clock, Prof. Babcock, Ear, Nose, Throat (2nd semester); 4 o'clock, Dr. Ferbert, Obstetrics.

Thursday—8 o'clock, Prof. Wills, Surgical Anatomy; 9 o'clock, Prof. J. Kurtz, Surgery; 10 o'clock, Prof. Murphy, Surgical Pathology; 11 o'clock, Prof. Moore, Obstetrics; College Clinics—Medicine, Surgery, Gynecology; 4 o'clock, Prof. Bullard, Toxicology.

Friday—8 o'clock, Prof. Lasher, County Hospital; 9 o'clock, Prof. Lasher, County Hospital; 10 o'clock, Prof. J. Kurtz, Surgery; 11 o'clock, Prof. Cole, Therapeutics; 12 o'clock, Prof. Hagadorn, Practice of Medicine; College Clinics—Medicine, Surgery, Eye, Children's diseases; 2 o'clock, Prof. Barlow, County Hospital.

Saturday—8 o'clock, Prof. MacGowan, County Hospital; 9 o'clock, Prof. MacGowan, County Hospital; 10 o'clock, Prof. Stabler, Toxicol. Lab'y, Prof. Barber, County Hospital Clinic; 11 o'clock, Prof. Stabler, Toxicol. Lab'y Hospital Clinic; 1 o'clock, College Clinics—Medicine, Surgery, Ear, Nose and Throat, G.-U. Diseases and Dermatology.

SENIOR CLASS SCHEDULE

Monday—8 o'clock, Prof. J. Kurtz, Surgery; 9 o'clock, Prof. Carl Kurtz, Pathology; 1 o'clock, College Clinics—Medicine, Surgery, Gynecology, Nervous; 2 o'clock, Prof. Brainerd, Neurology; 3 o'clock, Prof. Utley, Practice of Medicine; 4 o'clock, Dr. Lazard, County Hospital.

Tuesday—8 o'clock, Prof. Lasher, County Hospital; 9 o'clock, Prof. Lasher, County Hospital; 10 o'clock, Prof. Brainerd, County Hospital, (1st semester); 11 o'clock, Prof. McBride, County Hospital, (2nd semester); 1 o'clock, College Clinics—Medicine, Surgery, Ear, Nose and Throat, Children's Dis.; 2 o'clock, Prof. MacGowan, Genito-Urinary Dis. and Derm'y; 4 o'clock, Prof. Lasher, Lecture or Recitation.

Wednesday—8 o'clock, Prof. MacGowan, County Hospital; 9 o'clock, Prof. MacGowan, County Hospital; 10 o'clock, Prof. Wing, County Hospital; 1 o'clock, College Clinics—Medicine, Surgery, Ear, Nose and Throat; 4 o'clock, Dr. Murphy, Anatomy of Nervous System, (Nov.) Prof. Moore, Manikin.

Thursday—9 o'clock, Dr. Bryant, County Hospital; 10 o'clock, Prof. J. Kurtz, Surgery; 11 o'clock, Prof. Brainerd, Neurology; 1 o'clock, College Clinics—Medicine, Surgery, Gynecology; 2 o'clock, Prof. Brainerd, Neurology; 3 o'clock, Prof. Utley, Practice of Medicine.

Friday—8 o'clock, Prof. Lasher, County Hospital; 9 o'clock, Prof. Lasher, County Hospital; 10 o'clock, Prof. Wing, County Hospital; 11 o'clock, Dr. Beckett, Gynecology, County Hospital; College Clinics—Medicine, Surgery, Eye, Children's Dis.; 4 o'clock, Dr. Murphy, Anat. of Nerv. System, (Nov.) Prof. Conrey, Medical Jurisprudence (2nd sem.)

Saturday—8 o'clock, Prof. MacGowan, County Hospital; 9 o'clock, Prof. MacGowan, County Hospital; 10 o'clock, Prof. Barber, County Hospital Clinic; 1 o'clock, College Clinics—Medicine, Surgery, Ear, Nose and Throat, G.-U. and Derm'y.

ARSENIC IN PHTHISIS.

Dr. Harvey G. McNeil, the Medical Superintendent at Idyllwild Sanatorium, in a letter to us says that he has now for some months been using, hypodermically, cacodylate of sodium in the treatment of pulmonary tuberculosis. While depending principally at Idyllwild on the open air treatment and diet, yet he feels that the addition of the cacodylate of sodium has been of great advantage. His method of treatment is to give the drug hypodermically, twice daily.

In "American Medicine for October 14th Dr. Jesse Shoup says that he has had good results with the following prescription:

R Arsenous acid, 0.65 grammes (10 grains); Potassium carbonate, 1.12 grammes (17 grains); Cinnamic acid, 1.94 gramme (30 grains); boiled with distilled water to make 23.38 grammes (6 drachms); add Aqueous extract of opium, 1.94 grammes (30 grains); brandy 14.17 grammes (3½ drachms); distilled water, 56.70 grammes (14½ drachms.)

M.

Begin with three drops after lunch and dinner, and gradually increase to twenty drops.

In incipient cases and in chronic cases, without the mixed infection, patients seem to improve rapidly with disappearance of night sweats, lowering of temperature, and gain in body weight. In all acute cases and cases with mixed infection, and when there was great debility, this treatment had to be abandoned, as it seemed to hasten the course of the disease.

EDITORIAL NOTES.

Dr. Claycomb of Joplin, Mo., has located in Santa Ana.

Dr. G. A. Broughton of Oxnard, has moved into his new brick block.

Dr. Dilworth of Oxnard recently paid a hurried visit to Los Angeles.

Dr. S. Y. Wynne has been taking an outing in the San Bernardino Mountains.

Dr. A. S. Parker of Riverside is

spending several weeks in post-graduate work in the East.

Dr. Holton, heretofore of Ramona, San Diego County, has located in Whittier, Los Angeles County.

Dr. Geo. C. Clark of Fullerton, accompanied by his family, has been in San Francisco attending the Masonic Grand Lodge.

Dr. Sylvester Gwaltney of San Pedro, is in New York devoting his time to post-graduate study in the hospitals; he will be gone for a few weeks.

Dr. J. E. Janes of Pasadena has been having a delightful eastern trip accompanied by his wife. They were as far east as Boston, and have returned home in good health.

Dr. A. N. Loper has located in Pomona for the practice of his profession. He is a graduate of Michigan State University, and practiced medicine in Lincoln, Nebraska for ten years.

The Southern California Dental association held its fifth annual convention at the Knights of Pythias Hall in Riverside. There was a large attendance and an excellent meeting.

The physicians of Fullerton have purchased three lots, and work will be commenced soon on a modern hospital; among those connected with this enterprise are Drs. Geo. C. Clark, Wm. Freeman, W. D. Hasson, and C. L. Rich.

Dr. C. J. Gill, the pioneer physician and surgeon of Riverside, suffered a

few weeks ago from a slight stroke of paralysis. The profession generally will be glad to know that he is steadily recovering and will soon be able to attend to business again.

Dr. Andrew Stewart Lobingier, formerly Professor of Surgery in the University of Colorado at Denver, has returned from his European trip and located in the Potomac Building on Broadway, Los Angeles. The Doctor will limit his work to operative surgery and is worthy of a hearty welcome from the profession of Southern California.

Dr. John A. Colliver, Professor of physiology in the Medical College of the University of Southern California, has just returned from a three months' stay in Chicago, where he devoted himself to the study of internal medicine at the Presbyterian and County Hospitals. He was especially interested in the study of typhoid fever, and was in Chicago at a time when there were over 600 cases in the Cook County Hospital.

Dr. E. G. Carleton of the Detroit Copper Company at Morenci, Ariz., committed suicide at that place, October 20th, by shooting himself in the head with a pistol. Despondency due to excessive work was the cause. Dr. Carleton graduated from Amherst College in the class of '89, and then took his degree in medicine at the college of Physicians and Surgeons, New York City. He was thirty-seven years of age and was greatly beloved.

We have received from the Chamber of Commerce of Tucson, Arizona a beautiful pamphlet describing the pros-

perity, resources and scenery of that city and vicinity. Arizona and Southern California are so closely knit together that anything that bespeaks the prosperity of one must be of interest to the other. A copy of this pamphlet, which can be secured by writing to the Chamber of Commerce at Tucson, will be a revelation to almost every person who reads it.

On October 14th the San Joaquin Valley Medical association closed a very interesting session with an enjoyable banquet. The following officers were chosen for the ensuing year: President, Dr. J. L. Carson, Bakersfield; first vice-president Dr. A. B. Cowen, Fresno; second vice-president, Dr. J. D. Davidson, Fresno; third vice-president, Dr. H. E. Southworth, Stockton; secretary, Dr. W. S. Fowler, Bakersfield; assistant secretary, Dr. D. H. Trowbridge, Fresno; treasurer, Dr. T. M. Haynes, Fresno.

Drs. Le Moyne Willis, J. M. Radebaugh and Geo. L. Cole took Prof. Lorenz on a tally-ho ride to Pasadena on Monday. On Tuesday Dr. Geo. L. Cole invited a number of members of the profession to meet Professor Lorenz at luncheon at the California Club; on Wednesday Dr. Wills gave another lunch at the club with the Professor as the guest of honor; on Wednesday evening Dr. and Mrs. Carl Kurtz gave a dinner in honor of the Professor; on Thursday evening Professor Lorenz dined with Dr. Geo. L. Cole and a few friends, and on Friday Dr. Joseph Kurtz took him on the Mt. Lowe trip.

Dr. P. C. Pahl of Los Angeles has returned from an extended stay in the eastern cities. Two months of his time was devoted to attending the general course in surgery at Johns Hopkins Hospital, during which he paid special attention to Orthopedic Surgery. One month he was with Dr. Royal Whitman at the Hospital for the Ruptured and Crippled in New York City, and he also spent a month studying in his special line in Boston, and a few weeks in Chicago. The Doctor proposes to devote himself exclusively to Orthopedic Surgery.

We have received a pamphlet entitled "Wounds, with a Discussion of what Constitutes Rational Treatment," by Frederick Griffith, M.D., New York City. In this pamphlet the author says: "Antiseptic solutions applied to wounds act as irritants, owing to the strength required to destroy germs. Dusting powders are irritating to wounds, as proven by the discharge which they cause." The author then recommends that the best direct application to a wound's surface, after cleansing the parts, is membranous rubber tissue, applied shingle fashion. Moisture in the form of wet dressings should never be applied to open wounds. Any person interested in this monograph will receive a copy by addressing the Doctor at 805 Madison Ave. We have also received another pamphlet from the same author, entitled "The Complications of Phimosis, with treatment."

On October 15th the Redlands Medical Society held a joint session with the San Bernardino County Medical Society in the parlors of the Y.M.C.A., at Redlands. Dr. C. C. Browning is President and Dr. J. E. Payton secretary of the Redlands society, while Dr. J. P. Booth of the Needles is President, Dr. Hoell Tyler of Redlands is vice-president, and Dr. C. A. Mackechnle of San Bernardino is secretary of the County society. Those in attendance were Dr. C. C. Browning of Highlands; Dr. J. P. Booth, Needles; Dr. J. H. Evans, Highland; Dr Geo. P. Scott, Idyllwild; Dr D. W. White, San Bernardino; Dr. W. H. Wilmott, Highland; Dr. Wesley Thompson, San Bernardino, and the following of Redlands; Dr. C. E. Ide, Dr. C. A. Sanborn, Dr. Hoell Tyler, Dr. J. E. Payton, Dr. Gayle G. Mosely, Dr. Chas. Guy Reiley, Dr. J. M. Wheat, Dr. E. E. Major, Dr. R. A. Harris. Dr. E. E. Major read a paper on "Spinal Irritation;" Dr. J. M. Wheat read a paper on "General Sanitation," which will appear in the Practitioner, and Dr. W. H. Wilmott of Highland read a paper on "Pseudo Membranous Enteritis."

THE DEPOPULATION OF FRANCE.

The Journal de Med. de Paris ridicules the various theories advanced to account for the decadent birth-rate in France, which it says is due entirely to the selfish foresight of married couples and the fact that the French are past masters in the art of coit fruste.

BOOK REVIEWS.

PRACTICAL OBSTETRICS.—A Text-Book for Practitioners and Students. By Edward Reynolds, M.D., visiting Surgeon to the Free Hospital for Women; Fellow of the American Gynecological Society; of the Obstetrical Society of Boston, etc.; formerly Instructor in Obstetrics in Harvard University, and senior physician to out-patients of the Boston Lying-in Hospital, and Franklin S. Newell, M.D., Assistant in Obstetrics and Gynecology in Harvard University; physician to the out-patients of the Boston Lying-in Hospital; Assistant visiting physician to the Boston City Hospital, in the department of the Diseases of Women; Fellow of the Obstetrical Society of Boston, etc. 531 pages illustrated with 252 Engravings and 3 colored plates. Cloth, \$3.75, net. Lea Brothers & Co., Philadelphia and New York, 1902.

This handsome volume is written from a somewhat unusual point of view for a work on obstetrics. It is founded upon clinical teaching, and the subject is presented in connection with the practical details of bedside work, the authors believing that a description of one justifiable plan of treatment is likely to be of more benefit to students than an extended discussion of the advantages and disadvantages of many methods. The illustrations throughout are excellent; especially valuable are those demonstrating abnormal presentations.

The last chapter is devoted to the insanity of gestation. The authors specially commend fresh air, sunlight, cheerful surroundings, and seem to lay particular stress upon hydrobromate of hyoscin in doses of from one, two-hundredths to one, one-hundredths of a grain. They also use the bromides and paraldehyde; the latter in doses of from 1 to 2 drachms.

"In the insanity of pregnancy the question of the propriety of inducing labor may occasionally arise; but this expedient should never be resorted to unless the mental alienation has already reached an exaggerated and dangerous type, since the manipulations

necessary to its performance are not infrequently sufficient to determine the appearance of such a form. When delirium or any mental trouble or excitement appears during labor, it is always the duty of the physician to administer an anaesthetic and deliver at once, since the birth of the child is almost invariably followed by the disappearance of the trouble.

"Pregnancy of the Insane. It was formerly thought that women already insane might be favorably affected by the influences of pregnancy and parturition. Modern observations, however, furnish so little support for this theory that it has been wholly abandoned, and pregnancy of the insane is today regarded as wholly unjustifiable, since it not only brings no benefit to the mother, but results in the birth of a child whose heredity marks it at once as an undesirable addition to the human race."

PROGRESSIVE MEDICINE, VOL. III. Sept., 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 421 pages, 26 illustrations. Per volume, \$2.50, by express prepaid to address. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

The third volume for the year of "Progressive Medicine" emulates the attractiveness of its predecessors, and will be found well worthy the careful study of every practitioner of medicine and surgery.

In this volume the first article covers the diseases of the Thorax and its viscera, including the heart, lungs and blood vessels by that most charming of English medical writers and specialists, William Ewart, of London.

It deals with a group of diseases that the physician meets constantly in his daily practice. To him a thorough knowledge of the latest advances in connection therewith is an absolute necessity, and here it is to his hand, gleaned, condensed and in such form as cannot fail of appreciation.

Dermatology and Syphilis are treated by William S. Gottheil, Prof. of Dermatology and Syphilography in New York School of Clinical Medicine, in a clear, lucid style so easy of understanding, and so acceptable to the practitioner who will find not only material for thought, but information that will be found of infinite use in the treatment of this troublesome class of diseases that he meets daily in his practice.

Diseases of the nervous system from the pen of William G. Spiller, of the University of Pennsylvania, will be found not only of interest to the specialist but to all who have this class of patients come before them. The leading Neurologists have been during the past year unusually active, and almost every name of note will be found mentioned in connection with articles of living importance to the profession.

The fourth and last, but not least article in the volume is prepared by Richard C. Norris, of the University of Pennsylvania. That it is well done goes without saying, as is all that appears from Dr. Norris' facile pen. The entire ground of obstetrics, covering pregnancy, the management of labor, obstetrical surgery, tumors complicating pregnancy, postpartum hemorrhage, the management of puerperium and the care of the new-born infant have been gone over in a painstaking way that insures the reader of "Progressive Medicine" a complete resume of all that is new in these important branches of the subject.

In short, this volume will be found

to contain all that is new on the subjects which it covers.

In medical literature so vast is the number of volumes and periodical articles which annually appear that no practitioner can hope, without such an aid as "Progressive Medicine" to keep abreast of the rapid advances that take place, and no one who attempts to do his duty by his patients can afford to be without these volumes, and there is no one, however well he may be posted, but can find ample material well worthy of his careful investigation and study.

THE PRACTICAL MEDICINE SERIES OF Year Books, comprising ten volumes on the year's progress in Medicine and Surgery, issued monthly under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume X. Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by W. L. Baum, M.D., Hugh T. Patrick, M.D., September, 1902. Price \$1.25. The Year Book Publishers, 40 Dearborn Street, Chicago.

This is one of a series of ten volumes published at monthly intervals. Price of the ten volumes \$7.50. The volume before us covers its announced field very well. The chapter on treatment of Gonorrhea is up to date and very useful.

"THE PUBLIC AND THE DOCTOR." is the title of a cloth bound book of 149 pages by Dr. B. E. Hedra of Dallas, Texas. The idea of the work is that it should be given by doctors to their patients. The author is also the publisher, and he proposes to furnish this work at 50 cents a copy.

MANUAL OF GYNECOLOGY by Henry T. BYFORD, M. D., Professor of Gynecology and Clinical Gynecology in the College of Physicians and Surgeons of Chicago; Professor of Gynecology in the Post Graduate Medical School of Chicago and in the Chicago Clinical School, etc. Third Revised Edition, containing three hundred and sixty-three illustrations, many of which are original. Price \$3.00. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. 1902.

In the third revised edition of this excellent work the contents have

SOUTHERN CALIFORNIA PRACTITIONER

VOL. XVII.

LOS ANGELES, DECEMBER, 1902.

NO. 12

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS, Associate Editors.
DR. GEO. L. COLE

GENERAL SANITATION.*

BY J. M. WHEAT, M.D., REDLANDS, CAL.

The scope of this subject is so great I shall confine the paper to two factors, first, air; second, water; their sanitary relations.

ATMOSPHERIC AIR.

Its constituents are oxygen one-fifth, nitrogen four-fifths, carbon dioxide three to four parts to the 10,000 parts; nitric acid, ammonia and vapor of water, each a trace.

Now these are normal constituents of air. Any considerable change in the relative amount of the first three constituents named, affects materially the sanitary condition of such air.

It is said that the relative proportion of nitrogen in air suffers but very little change, while that of oxygen is considerable, depending upon the amount of carbon dioxide given off at the expense of oxygen.

As carbon dioxide is heavier than other constituents of air, we might expect to see it lose its relative proportions in the atmosphere, and sink to the earth's surface, forming a stratum of polluted air, yet, owing to some undefined law of transfusion or diffusion it

does not. It is only when we descend into deep excavations, wells or mines that this law gives way to gravity pressure. Here we find the carbon dioxide, supplemented frequently by carburated hydrogen, causing fire damp explosions.

Changes and impurities in air. Patenkofer is authority for saying that seven parts of carbon dioxide to 10,000 parts of air, is the greatest amount compatible with health, that can be allowed in the house.

The same authority discovered in the air of a schoolroom an increase of carbon dioxide from the normal, to seventy-two parts in 10,000 of air, and this after only two hours occupation. Prof. William Ripley Nichols discovered in a Boston schoolroom, eight times the normal proportion of carbon dioxide, or about twenty-five parts to the 10,000 of air. In such case it is said the danger lies not so much in an increase of carbon dioxide, as in the loss of oxygen, which must necessarily take place.

A crowded schoolroom occasions this

*Read before the Redlands Medical Society, Oct. 17, 1902.

loss for the reason that in the process of respiration oxygen is inhaled or absorbed from the air, and carbon dioxide given off in such amount that its normal proportion to oxygen is increased.

The same thing, of course, takes place in any crowded room for other than school purposes, the danger depending on the density of the crowd and length of the time it is held together.

In the process of respiration the adult consumes sixteen cubic feet of oxygen and gives off fourteen cubic feet of carbon dioxide every twenty-four hours.

The air in a crowded room with only ordinary ventilation, would soon become unfit to sustain life, gauged by this standpoint.

Conditions here are well illustrated in the "Black Hole" incident at Calcutta, familiar to you. Here 146 prisoners were crowded together in a close cell at night, and 123 were found dead in the morning from inhaling air, supercharged with carbon dioxide.

This, of course, is an extreme case. It differs, however, in morbid influences, in degree only from any assembly of people unduly crowded together in rooms, as in some schoolrooms, churches, and public assemblies. Again, at Austerlitz, a great battle was fought and prisoners taken. Three hundred of these, the historian says, were crowded into a prison, and 260 were dead in a few hours. Same cause as in the first case recited, and a repetition of that incident.

The effect of slight overcrowding may not be immediately perceptible, but it will sooner or later manifest itself in general debility, want of elasticity in mind and body, while lessened vitality exposes to the inroads of disease.

Modern ventilation lessens the danger from this cause, but does not entirely remove it, as evidenced by the exhilarating feeling one experiences on escaping from a crowded room into the outside air.

I suppose that sanitary relations with

regard to impurities of air, resulting from respiration, never materially change, but ventilation may come in and neutralize those relations so as to make even crowded conditions tolerable.

A case in point. About the close of the last century, it is said that more than one-third of infants born in the Dublin Lying-in Hospital, died from epidemic causes. Later, improved ventilation was ordered and the number of deaths recorded were less than one-tenth that number. The lessened fatalities were due, no doubt, to better ventilation and better sanitary relations of the hospital.

Again, coal gas and gas used for illuminating purposes, escaping into living rooms are dangerous. The impure gas is a carbon monoxide. It frequently escapes from stoves when coal is used for fuel, owing to some defect from wear or construction of stoves, while gas from illumination fixtures, escapes from ignorance or carelessness; the light is blown out, or possibly a difference in air pressure or draught may extinguish the light. In either case gas escapes and the fatalities occur.

Cesspool and sewer gases are also dangerous. They include carbon dioxide, ammonia, sulphureted hydrogen and other noxious gases, and are the result mainly of decomposing animal and vegetable matter.

All dangerous pollutions of the air of living rooms, while not suddenly destructive like coal or illuminating gas, are equally so if continued. Their escape may be said to be due generally speaking, to poor plumbing, poor material used in plumbing, or careless management of pipe fixtures.

As to plumbing we often find, especially in old work, the traps unvented, and as to material, it may be imperfect pipe, not discovered on testing, but which after use permits the escape of gas.

As to carelessness in use, it often

happens that fixtures to main stack above are heavily flushed, which will siphon traps below leading to same stack and cause the escape of gas in this way. It is held that many diseases, diphtheria, typhoid fever, scarlet fever and even cholera, may be caused outright by inhaling the gas itself, while others contend that the gas is only a favorable breeding ground for the specific germs of such diseases, as they may and often do get into sewers and cesspools. At best this gas is a common cause of unsanitary air in living rooms, and a fearful menace to the health of the family.

CHANGES OF AIR, TEMPERATURE AND SANITARY RELATIONS OF SUCH CHANGES.

Now a high temperature is said to cause numerous diseases, while in fact many diseases ascribed to it are due to other causes, such as garbage deposits and other filth on soil surfaces, yet there can be no doubt as to the fact that many debilitating diseases leading up even to sunstroke, with or without humidity, are due to high temperature.

The fact that sunstroke seldom occurs at sea where the relative humidity is high, is cited to prove that humidity is not material in sunstroke. But as to other diseases said to be due to high temperature and yet are not, we have an object lesson in our experience in the late war with Spain.

It is a historic fact that diseases common to Cuba, Porto Rico and the Philippines became suddenly and remarkably less when those countries were subjected to the sanitary regulations of our armies, showing that filth had more to do with disease there than temperature. Like results follow good sanitation in civil as well as military life.

As to effects of extreme low temperature. Dr. Henry Baker (Ninth International Med. Congress, vol. 5) concludes in a series of observations

and investigation that the greater part of all acute diseases of the organ concerned in respiration are due to low temperature, coupled with low humidity. In explanation of the fact this authority says that cold air is relatively dry air, and dry air is more irritating to those organs than moist. He says that while a cubic foot of air inhaled at the temperature of zero, contains but one-half grain of moisture at ninety-eight degrees Fahrenheit, it contains when exhaled eighteen and one-half grains, showing that eighteen grains of moisture are abstracted from the lungs with every cubic foot of air inhaled at zero, and so contends that an abnormally dry condition of lung tissue exists, exposing said tissue to irritation and inflammatory action.

Again Dr. J. W. Moore (same congress) after a very intelligent survey of this whole matter, concludes that pneumonia is caused by some specific micro-organism in conjunction with low temperature, while bronchitis is mainly produced by low temperature. He cites the fact that pneumonia as a rule appears late in the autumn and continues late in the spring, and is seemingly caused by the harsh and dry winds of those periods, also that micro-organisms may accompany that cause, while bronchitis appears early in autumn and subsides early in spring, being apparently caused by excessively low temperature. It is said that great humidity with moist areas favor tuberculosis, while dry elevated areas decrease its prevalence.

As this is a germ disease, no doubt it will flourish in any condition unless sanitary precautions are observed.

DUST IMPURITIES IN AIR.

This pollution is much greater in the city than in the country, much greater in low than in high altitudes.

Tissender (French scientist) discovered that the amount of dust was

eight to twelve times greater in the city 50 yards than close by outside of it, and that about one-fourth to one-half of this dust was organic matter. Later investigation developed the fact that air in Paris contained ten times as many bacteria in a given space, as immediately outside the city. No doubt the same or nearly the same condition obtains in many cities of our own country.

We may, therefore, expect to inhale daily in our large cities, representative germs of many contagious and infectious diseases.

Of course the practical and rational thing to do is to prevent so far as possible such conditions.

We cannot prevent dust, we can prevent to a measure dust from being filled with pathogenic germs. Such prevention lies only in good sanitation.

SURFACE FERTILIZATION AND IRRIGATION.

We find a vast area of country is subjected to heavy fertilizing with imported as well as domestic fertilizers. Now the imported is said to be thoroughly sterilized, but a very common nuisance in this city and other parts as well is found in the horrible odor arising when this stuff is spread out over the soil. The nuisance is not local, it is general wherever orchards are cultivated. This odor is caused by the fumes of sulphureted hydrogen gas and other noxious gases. There is no escape from it. It penetrates and contaminates the air of the domicile and extends a long distance away into neighboring domiciles. It may be that it contains no specific germs, but it does contain the cause of nervous and gastric diseases. This is not all; the soil on which the fertilizer is spread is soon irrigated, for at least three days thereafter. The ranch and home of the rancher are subjugated to the vapor and exhalation of the juice of such fertilizers. If domestic fertilizers are used with it the vapor is

no less noxious. So between the two, the odor and the vapor, the atmospheric air of the ranch sections is fearfully polluted.

Again, contaminated air arises from decaying garbage, stagnant pools and other filth. It becomes a very serious matter when such filth is composed in part of live tuberculosis germs, or germs of any contagious or infectious disease.

Now from the foregoing it will be seen that unsanitary conditions of air so far as noted, relate to and may be controlled in a measure by good sanitation.

That is to say, good ventilation, good disinfection and a good deal of carefully arranged cleanliness, will greatly tend to prevent preventable disease arising from impurities of air.

WATER: ITS SANITARY RELATIONS.

As to water, there is no absolutely pure water. In short, water may contain organic or mineral substances. On standing it may deposit insoluble matter. Should such matter effervesce under the action of muriatic acid it is mineral. On applying heat, if it should turn black it is organic matter.

There are other ways for determining these facts. I speak of these, and use them because they are simple. Again, if water had odor it contains gaseous products of animal or vegetable decomposition, or some forms of coal oil gases. Finally it may be clear to the eye, without odor and without any disagreeable taste and yet contain organic constituents or even pathogenic germs only visible by the aid of the microscope.

Water containing the above impurities to any considerable extent is unsanitary and unfit for domestic use. Some writers place fifty parts of impurities to 100,000 of pure water, as admissible, but it is better not to risk such water at all.

As to the source of such pollution, we

note first and most common, excreta, solids or liquids of the human body, or of the lower animals, coupled with their putrefaction and decay.

It is to be remembered, however, that all the organisms as yet discovered, and most of the filth of subsoil, lies near the surface of such soil, while the soil beneath is not contaminated, but forms a good and reliable filter, and should the subsoil water escape through it to the surface it would lose very much of its pollution.

The danger lies in the fact that it may, and generally does, pass through the upper strata of subsoil after leaving the lower strata on escaping and so becomes polluted. In cities and certain highly cultivated localities, the upper strata of subsoil in addition to filth noted, receive a surface filth in fertilizers and garbage stuffs.

Floods or heavy rainfall may carry this surface and subsoil water from these areas into wells, springs or even into storage reservoirs.

It is said by sanitarians that disease is apt to follow heavy rainfall, especially malarial fevers, enteric fever and cholera in cholera countries, due to a sudden rise in subsoil water, showing that such water has escaped through the upper ground strata of filth without the benefit of the lower subsoil filter.

Moreover springs, wells or water courses surrounded by areas of thin, porous or sandy soil may be considered from easy seepage, as exposed to surface filth to a greater degree, than when the soil is dense. Even our system of irrigation before referred to on such a soil, or any soil, may contribute largely to polluted water supplies, the effluent water being washed into them.

Further, storage water becomes polluted. Owing to some form of organic matter therein, there is a constant growth and decay of algae, wire grass or other vegetable growths, while more

or less filth comes in with the water itself.

To get a rational idea of the extent of such contamination, it is only necessary to visit a reservoir filled with water cleaned. Here the stench from such conditions is intolerable. I have sometimes assumed to think water otherwise pure, drawn from reservoirs in this condition is not dangerous, but it looks risky to me. Water is drawn from the bottom of the reservoir and the insuction of filth is not so far off as it appears.

Again, there is further pollution during distribution. In calking joints, gaskin or tow is used to prevent lead from getting into the pipes. The organic matter in such calking is dissolved by the action of water, while the stuffing of joints forms a culture bed for the breeding and decoy of micro-organisms, which of course contaminates the water.

Another source of impurity is the lead itself, used in such joints. Lead poisoning may result. We have some authority for saying that it sometimes occurs to the extent of causing lead colic, drop wrist, great debility and its characteristic blue gum line of the gums, and simply from lead used in such work.

Water mains also may become contaminated by the insuction of filth from hydrants and other fixtures in close proximity.

Dr. Buchanan attributed an outbreak of typhoid fever at a college in Cambridge, to the insuction of filth from defective water closet fixtures.

The same authority attributed an outbreak of typhoid fever at Corydon, in the year 1875, to water drawn from a trap close to a slaughter house.

Numerous cases are recited of water contamination in mains from the insuction of foul water, gas or filth, and disease resulting therefrom. I shall not pursue this line further, having ex-

hausted my time and your patience already.

Diseases arising from contaminated water are all familiar to you. Away back twenty-three centuries ago, Hippocrates discovered that those who used swamp or marsh water suffered from enlarged spleens. From that day to this other discoveries have been made along that line, enough to fill a book, or perhaps a dozen of them.

It would be presumptuous to try to note

them specifically. The same may be said as to diseases arising from polluted air. If you will carefully note sanitary relations bearing upon the two, you will discover that cleanliness, disinfection and good ventilation are the remedies. In striking unison with this we read that about three thousand years ago a certain ruler was told to bathe seven times in the River Jordan, if he would be healed. A better prescription never was written.

THE REWARDS OF TASTE.*

BY CRITIC.

This little book like its predecessor, "The Penalties of Taste," is a series of essays and is as equally delightful. As in the first book the "Penalties" were really the nemesis of bad or perverted taste, so in this last one "Rewards" are the natural, pleasing results of being the happy possessor of good taste, and in the sense which Dr. Bridge takes it, it is certainly very broad and involves the larger portion of living. Matthew Arnold tells us that conduct is three-fourths of life, but we are quite sure our author thinks that taste includes fully that portion of it and he shows very clearly and forcibly the desirability of cultivating good taste and suppressing bad.

He makes taste the test of character, or rather, the outcome of it and in order to have good taste he says one must have high character. Good taste gives enjoyment and ever renewed freshness to the objects of nature always around us, gives the daily means of getting pleasure from the so-called ordinary things of life which we are all too apt to call dull and prosaic, because they are generally with us, and it will cultivate the spiritual in us, a feeling that

there is something more to be gotten out of life than looking upon it as a dreary, deadly necessity to be lived through. In his plea for the spiritual in our daily lives, he reminds us of Wordsworth when he says he sees "In the meanest flower that grows, thoughts that so often lie too deep for tears."

He thinks the "best taste" consists in doing the things that "profit most" both materially and spiritually, for reasons that one must have both the material and spiritual in order to enjoy life, but that the taste will "minify" as far as possible the unpleasant things of life.

Dr. Bridge is nothing if not practical and how heartily we can endorse the sentiment that to have our children immaculately and exquisitely dressed is an evidence of bad taste. Many mothers will be greatly shocked at such heresies but can he not persuade them to pity their offspring and instead of making them lay figures for the dressmaker's and milliner's art, to keep them healthy, natural beings, free from the restraint necessary to the preservation of fine attire. Would there were more Dr. Bridges who would preach the doctrine

*The Rewards of Taste and Other essays by Norman Bridge, M. D. Published by Herbert S. Stone & Co., Chicago, 1902.

that to want to annihilate children because they will soil their clothing, make a noise and be very much in evidence sometimes in their young lives is not the highest taste. How easy, infinitely easy, life would be in comparison, if our author could induce overburdened mothers to listen to reason.

There would be less nervous wrecks, more happier homes, if, as the author says, we had good taste, a "wholesome sense of proportions" which he says is another name for common sense. In other words he pleads for common sense in the rearing of children and if instead of spending our time in the laborious and nerve-straining process of creating diminutive fashion-plates, we would stop short and ask *cui bono*, and would resolutely turn our backs on it all and instead have normally dirty, normally noisy and normally happy children, what an infinitely peaceful world this would be in comparison to the present state.

His definition of taste is so inclusive that he who possesses a "wholesome or well-balanced one," is the man happier than all others for he is always on the cheery side of life, always, as nearly as possible, the optimist and ever as he matures gains new ground for hope and happiness.

A nice distinction is made in which he explodes the popular theory that good taste consists in indulging one's sense of refinement and beauty in material things to the exclusion of common sense; in other words he thinks it very bad taste to please one's eye at the expense of a pocket-book too limited to afford it. He teaches that while the love of the beautiful is always to be admired, it is to be condemned when not consistent, therefore it behooves us who are apostles of the esthetic to ponder deeply before indulging our desires and consider whether such indulgence will be really good or bad taste.

"Etiquette, the proprieties of life" are to some more essential than certain, fixed, vital principles, and he thinks they have poor taste indeed who consider these accessories or amenities of life as being more important to them than the essential things and imagine they grasp the whole meaning of the word taste when they include these alone, and he says:

"Woe be to our comfort if we let our estimates weigh trifles as we do the conduct that tells for the weal and happiness of mankind. The dilettante taste, the exalted, overcritical sense of the embellishments of life, which forgets the things that make for comfort, strength, good cheer and long life, is sure to encounter many obstacles and often come to grief. If we honor a man for his table manners more than we do for his honesty, kindness and industry, we shall experience a frequent jar to our nerves and we ought not to be surprised at it."

He passes on from taste in etiquette to taste in pets, and strange as it may seem, he includes children as well as dogs, cats, etc., in the category, but in this part of the discussion, Dr. Bridge alludes chiefly to the dog and he deals gently, if not tenderly, with what he terms the "poodle propensity of adult womanhood" and, as it were, draws a veil over what some might term mis-directed affection, but children are quite out of the fashion now and Dr. Bridges commends, as better than nothing, this delightful substitute for them.

In the taste for neatness and cleanliness he shows the rewards to be greater than riches.

And so on in the taste for every thing, the higher one's standard of living the higher his taste.

From the cultivation of one taste arises another, until a higher standing of living is the reward.

Dr. Bridge thinks one of the most

essential elements to a well-rounded, successful life is some "resource for recreation that is intellectual and spiritual, and that points the way to loftier things and a wider sphere." He says: "This thing is some side issue for the mind and may run along with his regular vocation, never hindering, but rather helping the latter, never costing much, always pleasing—a refuge from worry and a relief from the exasperating cares of his calling. It may be art, music or literature, or systematic kindness to others. Like the perfecting

of ourselves in an art or some useful knowledge, or like doing good without the hope of a return of any kind, it leaves after it no bad taste in the mouth and no sting to the soul. What the avocation shall be depends on the taste of the individual. It will be as high as the task, no higher."

Our space will not permit us to more than mention the other essays, which are equally interesting and teeming with good advice, and we will leave them to be enjoyed by the reader without further comment.

CALIFORNIA STATE BOARD EXAMINATIONS.

BY SMITH L. WALKER, M.D., LOS ANGELES.

Criticism of the work of the State Board of Examiners is inevitable, and is especially looked for from friends of prospective and rejected candidates. The duties of the Board are both unpleasant and difficult, yet they are necessary, if a high standing of the profession is to be secured. Some comments from one who passed the board examination last July after twelve years in a general practice, may be taken as at least a candid expression of opinion.

The principal difficulty in such an examination is to find a common basis for the recent graduate and the old practitioner. The standard must be as high as the best medical schools, and in view of the great stress at present put upon laboratory work, the difficulties before the old practitioner are great, although he may easily be the equal of the recent graduate in general culture, intelligence and ability. The examination over, the advantages in building up a practice rest with the practitioner in competition with the recent graduate. Possibly then the examination is only a reasonable handicap to which no objections should be made by the old

practitioner, who for various reasons desires to change the field of his labors.

Grounds for criticism on the system of written examinations only, may exist. There might be advantages from both oral and clinical practical examinations. It might be as satisfactory for an applicant to appear before a special board of one or more examiners who would question him upon his ability to honestly and intelligently practice his profession. Probably three-fourths of the physicians in the State today would fail to reach a high standard before the State Board, yet a half hour's personal interview with a clear, shrewd examiner would easily vindicate their right to be enrolled as reputable physicians.

The three examinations already held by the State Board were not as severe in point of technicality, in special theory, or in the minutiae of practice, as the primary and final examinations in any first-class college. To the man fresh from his college and his post-graduate hospital work (and every applicant for a State license should be required to take this hospital year) the State examination so far has been a

simple matter. As an example of easy papers last July, take those in bacteriology, chemistry, materia medica, obstetrics and surgery, and the other subjects might be included in the same category.

A point has been raised about the fairness of certain questions. It must be admitted that practicality is not the only desideratum in deciding an applicant's fitness to join an honorable profession. Yet surely the definition of terms like pneumokoniosis cryoscopy, etc., is not any more unfair to the applicant than is the use in current medical journals of terms like Stroke-Adams' Syndrome, Hanots' Cirrhosis, or Insufficiencia Pylori, for their average subscriber. No intelligent man has any right to entirely fail on any such question of definitions, and if he does, it will probably appear that his average on the remaining nine fair questions was also below the required standard. Furthermore let any carping critic sit down and write three question papers on one subject and he will find other critics to point out his unfair, trivial or catch questions.

The questions submitted by the Board are not without faults, but not appreciably on the grounds of technicality and unfairness. The papers have often failed to fully cover the subject and bring out the salient points, many omissions and repetitions occur, and questions are too often trivial and indefinite. These are faults which could be easily remedied if the question papers were submitted to the whole Board and approved before the examination.

The point which should concern the profession is not so much the fairness of the papers, for on the whole they compare favorably with papers prepared by any board, but do the examiners treat each individual applicant and his paper in a fair, honest manner? A man making a general average of 75 may make as good a practitioner as the

man with 80, and the examiner could use his discretion when the average is below the required. All and more should be referred to the entire Board for a joint report. Whichever criterion of the worth of the Board is good, but care must be taken not to become destructive.

Some points necessary to secure the confidence of the profession may be enumerated:

1. Lists of questions should receive preliminary supervision by the entire Board.
2. Failure to answer technical or catch questions should be treated in view of the manner in which the balance of the paper is answered.
3. The examination is to determine primarily ability to intelligently practice medicine and surgery, and secondarily to gauge extent and exactness of knowledge.
4. Practical oral examinations should be given if desired.
5. Let the Board freely consider each case, investigating past record of the applicant if necessary. An honest Board has no need of a scheme for concealing the identity of the applicant.

315 W. Sixth St., Los Angeles.

Johns Hopkins University is following in the footsteps of the Cooper Medical College of San Francisco, and will have a lectureship in the medical department of that institution, designed to promote a more intimate knowledge of the researches of modern investigators in the realm of medical science. Each year some European physiologist or pathologist is to deliver one or more lectures at the Johns Hopkins University upon a subject with which he has been identified. Dr. and Mrs. Christian A. Herter of New York City have presented the University with \$25,000, and the annual income of this endowment will be paid the lecturers.

AMERICAN OCULIST IN BERLIN.

BY A. C. ROGERS, M. D., LOS ANGELES.

We are now matriculated in the famous University of Berlin and have received the handshake of the venerable Dean in a most formal manner, and consider ourselves amenable to all its laws, and privileged to enjoy its benefits.

I am pleased to find American physicians from almost every large city of the Union. They are diligent and painstaking, though a strange language sounds in their ears and adds further difficulties to rapid progress. Their courage wins the confidence of the German teacher, who will often come to their aid, after the conclusion of the lecture and explain some more than usually difficult feature of the case under consideration. They will do this in correct English, but speaking very slowly. Their courtesy is universal in all the hospitals I have visited.

In clinical work the German teachers are varied in methods but precise and accurate in all their efforts.

Pathology is the basis of all medical progress and the microscope the principal avenue of success. Histology, bacteriology and pathology comprise the three sisters of medical investigation, and they are all reached by the microscopic route. Chemistry will always hold an important place and continue a potent factor in medicine, but the microscope is the instrument to which all must go for complete and correct conclusions. To ignore its value or belittle its importance or to abandon its use would plunge medical progress into fragments and chaos. It would be like returning to the terrible days of surgery antedating general anesthesia. The German teacher is an expert with the microscope and it is his constant companion and adviser. Hundreds of them

are owned by the University and devoted to medical advance and science in every department of instruction. In the next particular the German teacher gives long hours and never seems weary of toil in hospital and clinic.

At 8 a.m. you will find them in the operating room or the wards of the hospital, at ten (10) he will return to the clinic, about 12:30 a lunch and coffee renews his energy, and further clinical labor demands his attention till 4 p.m. or even a little later. Before 5 p.m. he has taken coffee and turns his attention to his private patients, and the next four or five hours are devoted to such as can afford to pay for his services. This constitutes a day for the German physician and teacher.

ANESTHESIA.

Ether and chloroform are favored in the operating room but not equally by all operators. In the eye and nose clinics, ether seems a great favorite, and for such operations I have not seen chloroform administered. In the general operating amphitheatre of Prof. Von Bergman, I saw no ether, but saw chloroform administered in five surgical procedures following each other in rapid succession.

Cocaine. A five per cent. solution of cocaine, sterilized, is the universal drug in cataract, iridectomies and almost all operations on corneae, iris and lens. Also for tenotomies for squint with advancement of the antagonistic muscle.

The advancement is quite a usual procedure in Berlin clinics with the tenotomy, and all accomplished without other anesthesia than cocaine, to relieve the patient's discomfort.

For senile cataract, extraction without iridectomy is frequently attempted and carried out successfully, but should the

iris become injured as in a case of shallow anterior chamber, or if it prolapses on the completion of the section it is promptly cut off. I have been greatly interested in a series of needlings of the lens in children and young persons, presenting a high degree of myopia of fifteen degrees or more.

I do not find the surgeons recommend this procedure, but they consent to do it when requested by parents. The theory of cure is a fine one and in many cases the immediate results are brilliant, vision is good without a lense or the patient is benefited by a mild one of about -2° . What the future of such cases will be cannot be known till time shall show the wisdom, or otherwise, of this procedure.

A most interesting case was shown by one of the eye surgeons yesterday which will be of some interest in Southern California. A young woman was produced with a well-marked keratitis and near the corneal margin in the conjunctiva were also several small in filtrations.

The lesion had been diagnosed by this

expert as tubercular keratitis and I was informed by him that such cases were not uncommon in the Berlin clinics.

I see only a very few cases of lachrymal tract affection. Why it is not more frequent in Berlin I cannot guess but thus far I can recall only one, Boroman's operation. It is cold here and frequent winds, but the streets are cleaned every night and hence there is not the great amount of dust seen in American cities. This may afford one reason for the infrequency of lachrymal disease.

Ulcers of the cornea are everywhere very frequent and the actual cautery is used with atropine and hot battery when they are prolonged. I must mention an unusual case seen but once. A boy ten years of age with a tumor under the upper lid. History developed the fact that a few days before he was indisposed from mumps, and that it was a metastasis from the parotid gland to the lachrymal. I saw him no more and presume the diagnosis was correct.

AN ANTISPASMODIC.

BY JOHN DICKSON, M. D., SALT LAKE CITY.

Reference to works on therapeutics and materia medica will convince one that we, as a profession, do not stand in need of any further additions along that line. Yet nearly all practitioners almost daily experience the need of an efficient and harmless antispasmodic. We have the bromides, but they are not at all times reliable and they cannot be continued for a long period of time without working detriment. Chloral exerts a decided antispasmodic action, but it is well known that often sudden deaths from paralysis of the heart follow the exhibition of this drug. Chloroform, spirits, ethers and other drugs have reputations, but they cannot

be counted on with certainty when the action of a true antispasmodic is called for.

We have for the last four years relied implicitly on Daniels' Conc. Tinct. Passiflora Incarnata as an antispasmodic and it has all the time proved to be of the greatest value. In fact it has never been found disappointing. We give this agent to get its antispasmodic action quickly in two to four teaspoonfuls every one or two hours. After a few doses—generally after the first full dose, the patient falls into a natural sleep, and wakes up several hours later finding himself well.

In the convulsions of children there

is no remedy more prompt and it has the merit of not being dangerous. In the convulsions of hysteria it is also one of the most valuable remedies—its efficiency in the relief of spasms, and its entire harmlessness in liberal doses, and after protracted employment, make it indeed one remedy which is truly ideal.

In all degrees of nervousness, and in spasmodic tendencies the regular employment of Daniels' Conc. Tinct. Passi-

flora Incarnata can be given with a feeling of entire confidence that we shall secure the best and most speedy results.

That this remedy has no after or associated bad effects like opium, the bromides and agents of that class, and is really valuable, is sufficient to make it the great antispasmodic of the future. The profession only has to become acquainted with it to like it.

SELECTED.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH. M., M.D. LOS ANGELES, CAL.

THE SOUTHERN CALIFORNIA ANTI-TUBERCULOSIS LEAGUE.—The Southern California Medical Society at the Idyllwild meeting last May appointed a committee to report on the best method of limiting the spread of tuberculosis. As a result of the work of this committee, at the last meeting of the Southern California Medical Society held at Pasadena, on December 3-4, there was launched the first Society for the Prevention of the Spread of Tuberculosis in the West. Southern California can be proud of this distinction, for it shows that she is alive to the importance of this great question. There are less than a dozen such societies in the United States, five of which are state societies while the rest are confined to cities. The need of such a society could nowhere be greater, for with the thousands of visitors who come among us yearly there are many who are tubercular. If all of these knew that they were tubercular and were conscientious in their desire to prevent the spread of infection they would be of little danger to the community; but, if the proper care is not taken, the disease will continue to spread. There is much work that this society can do and if it fulfills its mis-

sion as a result of its efforts there should be a decrease in this disease in our section of the country. The following constitution and by-laws were adopted and a temporary organization effected with Dr. F. M. Pottenger, President and Dr. Rose T. Bullard, Secretary.

CONSTITUTION.

Article I.

The name of this society shall be the Southern California Anti-Tuberculosis League.

Article II.

The purpose of the society is to combat the spread of Tuberculosis by:

1. Research.
2. Education.
3. Practical Work in the relief and cure of indigent patients afflicted with tuberculosis.
4. Co-operation with other organizations of similar aim.

BY-LAWS.

ARTICLE I.

Members.

Sec. 1. The society shall consist of active, honorary and life members.

Sec. 2. Any person who shall pay \$1. or more into the treasury shall be

come an active member for the year in which such payment is made.

Sec. 3. A person may be elected to honorary membership at any regular meeting of the society by a majority vote of those present.

Sec. 4. Any person may become a life member by the payment of \$25, into the treasury.

ARTICLE II.

Officers.

Sec. 1. The officers of this society shall be a President, Vice-Presidents, Secretary, Treasurer and Board of Directors.

Sec. 2. The President, Vice-Presidents, Secretary and Treasurer shall perform the customary duties of their respective offices.

Sec. 3. The Board of Directors shall consist of fifteen members and the President and Secretary as ex officio members shall have entire control of the business of the society and of the expenditures of its funds, except where otherwise provided for by the By-Laws; and it shall appoint such subordinate officers and agents as shall be necessary to carry out the work of the society.

Sec. 4. The Board of Directors shall not incur indebtedness in excess of the amount of money in the hands of the treasurer except on vote of two-thirds of the members present at an annual meeting.

ARTICLE III.

Meetings.

Sec. 1. The society shall meet annually on the Tuesday before the first Wednesday of June.

Sec. 2. The Board of Directors shall meet quarterly, beginning with the annual meeting in June.

Sec. 3. The President may call a special meeting of the Board of Directors upon written notice to each member at least three days before the time of such meeting.

ARTICLE IV.

Elections.

Sec. 1. The officers and Board of Directors shall be elected at the annual meeting in June.

Sec. 2. All vacancies arising shall be filled by the Board of Directors until the next annual meeting.

ARTICLE V.

All literature and lectures must receive the approval of the Board of Directors.

ARTICLE VI.

Amendments.

New By-Laws may be adopted or amendments may be made by a majority vote of the Board of Directors, except that any amendment permitting the creation of a permanent debt, or of a floating debt in excess of funds on hand, must be sanctioned by a vote of the members at an annual meeting.

TREATMENT OF TUBERCULOSIS BY CLIMATE.—Yeo (Transactions of the London Congress on Tuberculosis) says the objects of treatment by climate in the cases of pulmonary tuberculosis are:

(a) To arrest catarrhal conditions of the air passages.

(b) To improve nervous and circulatory tone.

(c) To increase the activity of the digestive functions, and thus stimulate nutrition by promoting the desire, and increasing the power to take exercise.

(d) To raise the moral tone by no means an unimportant matter—by affording a clear, bright and cheerful environment.

(e) To diminish, by its asepticity, bacterial activity.

The quality of equability in a climate was at one time greatly overrated. Indeed we, nowadays, avoid an equable climate in seeking a cure for early tuberculosis. We rather seek a climate with a very wide diurnal range of temperature, if it is a dry climate.

Wide diurnal variations of temperature exert a bracing, invigorating tonic effect, especially when they follow a certain regularity.

What renders our own climate (England) so very trying at times is that although very variable, the variations follow no regularity. We get a week or ten days of very cold, fine, dry weather and then, just as the organism is adapting itself to the dry external cold, it changes, and we get a spell of moist, wet south-westerly winds, to be followed after a few days by a return of severely cold, dry weather, and so on.

The author believes that the gouty and rheumatic constitutions are antagonistic to tuberculosis, and that if infection occurs in the rheumatic it is especially prone to take the form of the slow, fibroid, pleurogenic type. Such cases, the author says, do best in a dry, warm, low altitude climate.

What the consumptive most needs for his cure is a combination of climate and sanatorium treatment; for the patient, if left to his own devices, may make bad use of a good climate, while with skillful guidance in a sanatorium he may make good use of a bad one. Care without climate is better than climate without care.

The influence of a suitable climate on the treatment of tuberculosis is (a) that it relieves or removes catarrhal conditions accompanying the disease in a number of cases; (b) it raises nervous and vascular tone; (c) it increases muscular energy, and the ability as well as desire for exercise; (d) by rendering an open air life possible it increases the aeration of the lungs and diminishes the activity of the digestive functions, and so enables the patient to take the large amount of food which is needed to heighten his nutrition; and, finally (f) it improves the moral and mental state by surrounding the patient with a

bright, cheerful and hopeful environment.

Cases for treatment by climate may be grouped as follows:

1. That cases seen at the very commencement of the disease, and who are otherwise in good health, may be permitted a certain amount of choice in the selection of a climate, provided it allows of many hours spent in the open air, and that they are placed under admittedly hygienic conditions.

A choice may be made from climates of altitude, the desert climate, the inland plateaus, the sea voyage for those with a decided liking for the sea, and suitably placed sanatoria.

2. The progressive febrile we should enjoin repose in bed or on a couch at home, in the best condition practicable for the free access of air and sunshine to their apartments.

3. For advanced cases, home is best, if the conditions of home-life are favorable, or the warm marine climates with cheerful surroundings, if home-life is unfavorable or changes are urgently desired.

4. For catarrhal cases, warm, soothing climates are best.

5. For rheumatic or gouty cases of the broid or pleurogenic type, dry marine climates or the desert climates are most suitable.

6. For the so-called "scrofulous cases," if free from catarrh, fairly bracing marine climates; if with catarrh, mild marine climates should be prescribed.

7. for most other moderately advanced cases, with the limitations already mentioned, the climate of the high mountains, above the cloud belt is most curative.

Messrs. D. Appleton and Company announce that they have removed their New York offices from 72 Fifth avenue to 436 Fifth avenue, southwest corner of Thirty-ninth street.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT RULLARD, M.D., LOS ANGELES.

ETIOLOGY OF HYDROSALPINX.
(*Revue de Gyn et de Chirurg. Abdom. Amer. Jr. Med. Sc., Oct. 1902.*)

Meedernoot discusses the question whether hydrosalpinx can develop without a previous catarrhal inflammation of the tube. Since the tube normally contains a small quantity of serous fluid, which is increased during menstruation, it follows that the hyperemia of the tubal mucosa accompanying any abnormal condition of the uterus, especially fibromata, would naturally result in profuse secretion. This may also occur at the time of the climacteric. Besides the accumulation of serous fluid in the tube, its distal end must be occluded. This may readily follow any mild degree of inflammation in the neighborhood, or even loss of the epithelial layer in consequence of extreme hyperemia. A case is reported which developed at the menopause; careful microscopic investigation showed no evidence of inflammatory changes.

PELVIC CELLULITIS AS A COMPLICATION OF UTERINE FIBROIDS.—Boston Med. and Surg. Jr., Oct. 16, 1902; Amer. Med. Oct. 25, 1902. A. T. Cabot reports two cases of hysterectomy for fibroids in which death resulted from a cellulitis of the pelvic wall, apparently awakened to activity by the operation. In case 1 the operation which was not a difficult one, was followed immediately by a rise of temperature and chills on the second day. Careful examination showed no signs of peritonitis, but as the patient grew worse drainage was introduced on the third day, but without avail, as death followed a few hours later. The autopsy showed the wound and uterine stump in good condition, but beneath the parietal peritoneum on the right

side of the pelvis was an abscess containing half an ounce of pus. This abscess was separated from the wound about the uterus by an inch of healthy tissue. The history of case 2 was similar, the patient dying on the fourth day after the operation, which was also an easy one. The autopsy showed good condition of wound and stump, and a pus cavity outside the peritoneum and separated from the wound by tissue free from inflammation. In both cases the striking clinical feature was the sudden access of fever immediately following the operation and leading to a condition of profound septicemia. In both cases there existed a degree of inflammation in the fibroid which might give rise to secondary abscesses, and this inflammation had probably extended through the lymphatic tissues. Hence Cabot concludes that it is wise in any case of hysterectomy for fibroids that are or have been recently inflamed to inspect the pelvic wall with great care to see if any swelling or induration can be discovered. The differential diagnosis between the condition here described and a peritonitis may be difficult; the chief clinical point seems to be that in peritonitis the onset is less rapid, and the abdominal tenderness and rigidity are almost pathognomonic. In Cabot's second case he suspected a pathologic condition similar to the first, but a careful examination failed to give any evidence of the situation of the pus, so that there was no guide for surgical interference.

THE THYROID GLAND AND THE GENITAL ORGANS. (Amer. Med., Editorial Comment, Oct. 25, 1902.) That there is a peculiar relation between the thyroid gland and the female genital organs is a fact that has

been fully recognized. It is well known that any condition which will produce an enlargement of the uterus will give a corresponding increase in the size of the thyroid gland. During pregnancy the gland will become large, soft and misshapen, and may so impinge on the trachea as to produce a certain amount of dyspnea. After gestation it diminishes in size, but seldom returns to its original proportions. Valentine has noted that in 25 pregnancies in which the usual hypertrophy of the thyroid did not occur, in 20 there was albuminuria. In cases in which large doses of thyroïdin were administered to pregnant women with physiologic enlargement of the gland, a marked diminution in its size resulted. Lange has given thyroïdin to a patient with pathologic enlargement of the thyroid during pregnancy with a similar result. Another interesting point in Lange's paper is that when iodothyrim was administered to patients suffering from the nephritis of pregnancy, it was found to produce a distinct diuretic effect. Fisher (Wien Med. Woch.) calls attention to the influence of the genital apparatus upon the healthy thyroid gland, and concludes:

First. That certain occurrences which influence the genital apparatus, such as puberty, pregnancy and uterine fibroids, which produce a distinct change in the metabolism of the entire organism, very frequently cause an enlargement of the thyroid gland.

Second. That the deficiency of normal thyroid secretion is often associated with atrophied changes in the genital apparatus. Hestoghe (Revue Med.) establishes the fact that women deprived of the thyroid gland are subject to excessive menstrual discharge; as they grow older the menses last longer, and finally become almost a constant flow. He also noted that an hypertrophied thyroid is always accompanied by an early and copious mammary secre-

tion, and that thyroid extract is useful in stimulating the secretion of lacteal fluid. He further believes that thyroïdin is indicated in cases of frequent abortion, in which the menstrual flow is so excessive as to sweep away the impregnated ovum; he cites an instance of its advantage in sterility, and recommends its use in myomia, prolapsus and uterine congestion. Cheron (Rev. Med. Chi. des Mal des Femmes) also attests the value of thyroid extract in threatened abortion with hemorrhage, and in preventing the arrest of uterine involution after childbirth. He considers it a valuable galactagog, stimulating the mammary secretion while it lessens the functional activity of the uterus. Jouvin has referred to the remarkable shrinkage of a fibroid while treating for obesity a patient who had a uterine fibroid. Leith, Napier, Polk and Schöber have also reported similar results.

Nicholson of Edinburgh (Therap. Gazette, Oct. 15, 1902) has been studying the relationship of the thyroid gland to eclampsia, and is firmly convinced that defective action of this gland may and does produce symptoms of this disease. He has suggested that in some women the supply of iodothyrim in the tissues becomes gradually or suddenly inefficient for the purpose of metabolism, so that certain toxins enter the blood. These produce general vasi-constriction, most marked in the kidneys, where the impediment to blood-flow ultimately leads to suppression of urine and convulsions. On the basis of this hypothesis two lines of treatment are indicated: (1) Readjustment of the process of metabolism to favor the complete metabolism of the nitrogenous substances, and (2) re-establishment of the secretion of urine. Thyroid extract fulfills both these indications by its influence on proteid metabolism on the one hand, and by its vasodilator faculty on the other. He has himself frequently suc-

ceeded in re-establishing the flow of urine in eclampsia by pushing the drug to the verge of the thyroidism. His observations have also served to show that the blood pressure in eclampsia is at its highest when the secretion of urine is lowest. Any theory which suggests a practical clinical remedy for the relief of such a serious complication of pregnancy as eclampsia is worthy of earnest consideration, and we hope that

the profession, in addition to the dietetic and eliminative treatment of pre-eclamptic symptoms, will observe the action of thyroidin in these cases so that more definite corroborative evidence may be secured.

Sublimine in solution of 1-1000 is being used quite extensively for hand disinfection, in preference to corrosive sublimate.

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A.B., M.D., LOS ANGELES.

INTRA-CRANIAL TENSION.—Harvey Cushing presents a report in the *Sept. Amer. Jour. of Med. Sciences*, on experimental and clinical studies on intra-cranial tension, which is quite up to this author's high standard of work. For convenience, causes are considered as local and general. Local causes of tension are such as clots, tumors and cysts. General causes are such as acute œdema, meningitis, subdural hemorrhage.

A distensible rubber bag is inserted within the brain substance and attached to a mercury dynamometer. Salt solution is then injected into the cerebrospinal space under pressure. The vascular phenomena are studied visually through a glass window, inserted in the skull and lying on the cortex, and also by the reading of the mercury.

Symptoms of compression show venous stasis and dilation of vessels in optic field. This persists until intra-cranial pressure equals blood pressure. When intra-cranial tension is produced gradually, Cushing found that the blood pressure coincidentally increased until a perfect balance was reached and anemia averted.

The practical application of these observations is obvious. In subdural hemorrhage after fracture, like phenomena occur. The author cites numerous clinical illustrations in point.

COCAINIZATION OF NERVE TRUNKS.—In the *Annals of Surgery*, for Sept. 1902, Cushing has made further studies along the line of fall in blood pressure in shock, and the influence which the cocaineization of trunks of large nerves and plexuses of nerves may exert, in averting shock. His studies in blood pressure are in accord with those of Howell of Harvard, who has shown that vaso-constrictor and vaso-dilator fibers run in each bundle of peripheral nerves and are susceptible to most delicate stimulus.

Cushing defines shock as "a peculiar state of depression of the normal activities of the central nervous system."

(1). Peripheral afferent nerves are usually involved in some transmissibility, and the impulses arising from this injury must act reflexly on the vaso-motor mechanism, so as to produce a fall of blood pressure.

(2). Ordinary moderate injuries cause rise of blood pressure, while severe and extensive injuries cause fall of blood pressure, which will amount to shock.

He believes shock may be averted even in very extensive operations on the extremities, if perfect hemostasis be observed. Should large plexuses or nerve trunks be divided, shock is certain to follow.

(3) This may be averted by cocainization of these trunks. This blocks afferent or centripetal impulses. The cocaine is injected proximal to site of division of the nerve. A number of cases and clinical studies follow.

In a foot note, Cushing in this connection delivers a most valuable criticism on spinal anesthesia:

"The physiological principle involved in this discussion covers only the blocking effects of cocainization of peripheral sensory neurones for purposes of 'regionary anesthesia' or for the avoidance of shock during general narcosis. Cocainization of the spinal cord by a subarachnoid lumbar injection with blocking, possibly of a higher order of neurones is quite another thing. Here a different physiologic effect comes into play, in consequence of throwing out of action, in the majority of cases, of the vaso-motor fibres passing from the upper thoracic segments to control the splanchnic system. As a result there is a flooding of this territory. Shock consequently, in so far as it is an expression of low blood pressure, is almost without exception produced, not avoided. This I believe to be the real source of danger in 'rhachicocainization', and not the toxic effects of the drug itself. In my estimation, it is a performance invariably attended by considerable risk on account of this associated fall in blood pressure. Unfortunately the enthusiasm which followed Biers original proposition, swept many an operator along with it, a result which the originator himself deeply regrets." *Vide Verhandlungen der deutschen Gesellschaft für Chirurgie*, Band 1, S. 171, 1901.

SIR VICTOR HORSLEY.—Nicholas Senn, in a very interesting and thoughtful criticism of English surgery, in his letter from London, published in November 8 number of *American Medicine*, speaks thus of Horsley:

"Victor Horsley is continuing his

scientific researches on brain localization. He is a tireless and systematic investigator. As an intra-cranial surgeon he has no superior. As a diagnostician of brain lesions, he has no equal. His knowledge of the minute anatomy of the brain and the functions performed by its various parts, and the disturbance of these functions by definite pathologic processes, enable him to recognize and locate affections amenable to successful surgical operations. He is a cautious expert operator. * * He has never used spinal anesthesia, and is averse to this procedure, since he considers it more dangerous than the administration of anesthetics by inhalation. * * * Prof. Horsley is a brilliant scientist and a remarkable surgeon and when the King knighted him he performed an act which met hearty approval of the profession throughout England."

ACETONE AND DIACETIC ACID TOXEMIA.—Fatal acetonemia, following an operation for acute appendicitis, is a most unusual case reported by Geo. Emerson Brewer in the Oct. *Annals of Surgery*. The patient was a lad of 12. Family and previous history afforded no light as to the pathologic condition which developed the symptoms of acute appendicitis suddenly, two days before admission to the hospital. On entrance, temp. was 101, pulse 110, and leucocytosis 17,000.

The appendix was found gangrenous in about two drachms of foul pus. Anesthesia was by chloroform and lasted 25 minutes. The patient's progress was uneventful until the third night after operation, when in the middle of the night, he awakened suddenly and uttered a piercing scream, and continued to shriek for several seconds, looking about in alarm and with an expression of terror, but apparently recognizing no one about him.

Then he fell into a deep sleep. Next morning he was drowsy and when

awakened would start in terror and alarm. Later in the day his terror and screams become more intense and distressing.

Intervals of rest and sleep would supervene.

Temp. and pulse remained normal. Pupils symmetrical, sensation and motion and reflexes normal.

The wound was in perfect condition. About this time a sweetish, ethereal odor was noticed in the breath. Acetone and diacetic acid were found in large quantities in the urine and blood. The patient resisted every effort to clear the blood and tissues of the toxic substances by salt infusion, lavage, flushing and catharsis. Stupor passed into coma and a paretic condition of intestines and bladder, supervened. Before death the temp. rose to 103.

Commenting at some length on the case the author discusses the three conditions of auto-intoxication,—ptomaine poisoning, uremia and acetonemia. In observations Dr. Brewer made later on of thirty cases operated at Roosevelt hospital, his assistant, Dr. Blue found acetone in the urine in pathologic amount in seven.

Five of these had been given chloroform. In all, the acetone appeared on the day following operation.

In six of the cases there were no symptoms of acetonemia. In the seventh, death occurred 36 hours after operation—supposed to be due to "secondary shock." The author cites the observations of Caspar, König, Volkman and others, on "chronic chloroform intoxication" and the later work of Kast and Mester in 1891. (*Zeitschrift für Klinische Medizin*, Bond XVIII, p. 469) in which in patients anesthetized with chloroform, distinct hyperacidity of the urine was detected. At the time the cause was not understood. Still later, Ernst, Becker (*Deutsche Medicinische Wochenschrift*, 1894, Bond XVIII, p. 400). *Lancet's Archives*, Vol. CXL, p. 11

having observed symptom of acetonemia in diabetics which had been under general anesthesia, examined systematically the urine of several hundred healthy subjects, after general anesthesia. Sixty per cent had a pathologic amount of acetone in the urine. The greatest number followed chloroform narcosis. Acetone occurred oftener in children. One case similar to the one Dr. Brewer reports was described.

Brewer concludes acetone, diacetic acid and B. oxybutyric acid intoxication may occur much oftener than suspected by surgeons, and many cases ascribed to the fiction known as "secondary shock," may be due to a distinct and potent toxemia.

A PROTEST AGAINST THE USE OF RUBBER STRAPPING

It is surprising that the profession should have acquiesced in the substitution of rubber for the well-proven rosin and lead strapping of former years.

The objections to its use are those inherent in any substance absolutely impermeable to air; it being a skin irritant in any case, and affecting subjacent tissues later and similarly if a fairly extensive surface is covered.

This is especially apparent in the treatment of acute orchitis, in which equable compression and efficient suspension exactly fulfill the indications for treatment by emptying the engorged vessels and supporting the pendulous and abnormally weighty organ. Formerly when the old-time strapping was in vogue, if applied *secundum artem*, as taught by the late B. Carling of the London Hospital, each succeeding encircling strip of plaster overlapping its predecessor by a third of its breadth, afforded an immediate sense of relief, and combined with fairly free saline cathartics and avoidance of sexual excitement, wrought a steady diminution in the size of the testicle and amelioration of the general symptoms. Personally I never knew this treatment to fail and usually without any relapse and tedious convalescence, which I find very apt to occur, since I have had to employ other lines of treatment, owing to the impossibility of getting a supply locally anyhow of any but rubber strapping.

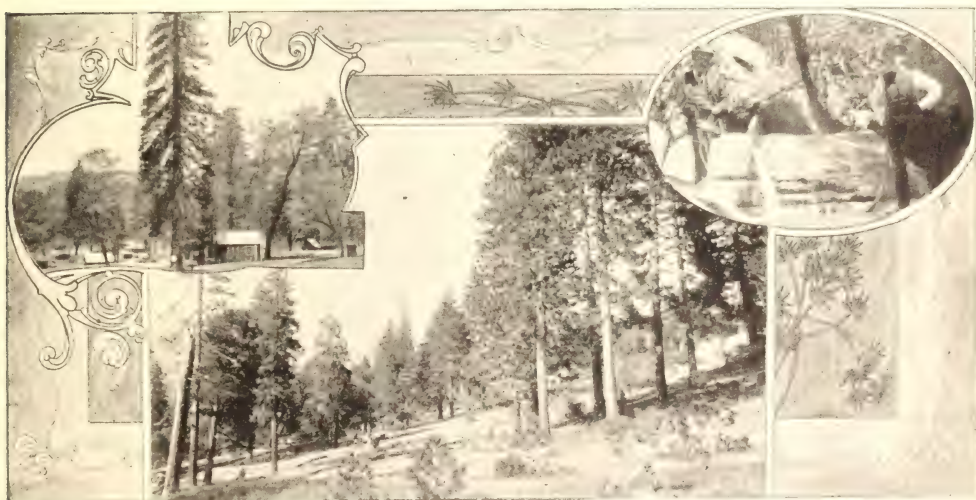
D. L. BECKINGSALE, Ontario.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
AINSWORTH, MISS MARY J....	Massense.	1055 W. 35th.	Blue 2851
ALBERTS, MISS R. C.	Graduate Nurse.	642 W. 36th.	Pico 541
ARNESON, MISS	Graduate California Hosp.	734 S. Hill St.	Green 134
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
BRAME, MRS. MARY A.....	Graduate California Hosp.	315 W. 6th.	Main 607
CAMERON, MISS KATHERINE..	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CASE, MISS L. E.....	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CRAWFORD, MISS M. A	Trained Nurse.	1417 Pleasant St.	Main 912
COSTER, MISS E.....	Graduate Middlesex Hospital London.	432 S. Main.	White 2062
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	202 W. 27th.	Blue 571
CUTLER, MRS. E. L.....	Graduate California Hosp.	1622 S. Hill.	White 4661
DAKIN, MISS ADA W.	Graduate California Hosp.	2704 S. Main.	Blue 5465
EHRMAN, MISS IDA M.	Trained Nurse.	1947 Estrella Ave.	Blue 616
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass.	912 W. 5th.	Red 481
GREGG, MISS MINNIE M.....	Trained Nurse.	1018 W. 8th.	
GILBERT, MISS A. J	Graduate Nurse.	1350 Palm.	Blue 3576
HARRIS, MISS LINDA C.	Graduate Lake Side Hospital, Chicago, 1895.	The Colonade, 330 S. Hill.	John 221
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
INMAN, GINEVRA	Graduate Nurse.	315 W. 6th.	Main 607
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill.	White 4661
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KOHLER, MISS MARGERET....	Graduate Nurse.	1350 Palm.	Blue 3576
KENDALL, MISS MAUDE.....	Graduate California Hosp.	1507 S. Grand Ave.	Blue 5184
KERNAGHAN, MISS	Graduate California Hosp.	127 W. 28th.	West 228
LAWSON, MISS	Graduate Nurse.	623 W. 15th.	White 1451
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
LEWIS, MISS E. P.	Graduate Nurse.	1000½ S. Main.	Blue 6408
MILLER, MISS FLORENCE.....	Graduate California Hosp.	215 W. 16th.	Blue 4661
McNEA, MISS E.....	Graduate Nurse	226 W. Eleventh	Blue 4501
McCLINTOCK, MISS CLARICE..	Graduate California Hosp.	919 W. 40th St.	Hope 1672
PURDUM, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801
POTSCHERNICK, MISS.....	Graduate Nurse.	728 S. Hill.	Red 4581
READ, BEATRICE..	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
SIMPSON, MISS LILLIAN.....	Graduate California Hospital.	830 Moore St.	Jefferson 6392
SULLIVAN, MISS KATHERINE..	Graduate Nurse.	315 W. 6th.	Main 607
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801
SERGEANT, MISS.....	Graduate California Hosp.	2808 S. Hope.	White 576
STANFIELD, MISS A. E. V.....	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
SMITH, MISS E. G.....	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.....	Graduate California Hosp.	423 S. Spring	Green 1972
WILLIAMS, MISS CAROLYN	Graduate California Hosp.	Hotel Broadway.	South 136
WOOD, MISS A.....	Graduate California Hosp.	1559 Shatto.	James 4391
WEED, MISS E.	Graduate California Hosp.	702 S. Grand Ave.	Jefferson 5376
WALLER, MISS.....	Graduate California Hosp.	941 S. Figueroa	White 6124

NURSES' DIRECTORY—Continued

NAME	QUALIFICATION	STREET	TEL.
Male Nurses.			
HERBST, THOMAS C.....	Professional Male Nurse 20 years' experience.	123 Wilmington St Room 6.	James 5136
HARDIN, F. S.....	Professional Masseur. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. Colorado St. Tel. Black 606	White 1441
JONES, T. L.....	Professional Nurse and Masseur.	Y.M.C.A. R'm 23 209 S. Broadway.	Day, M 963. N'gt and Sun. M 809
TORREY, ROBERT S.....	Nurse.	259 Avenue 23.	Alta 11
WYATT, JOSEPH D..	Nurse—Special experience in nursing in Diseases of Mind and Nervous System.	537 Orange Grove Ave., Pasadena.	Main 79



VIEWS AT IDYLLWILD.

SOUTHERN CALIFORNIA PRACTITIONER

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere; especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, M.D., Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

Address all communications and Manuscripts to

EDITOR SOUTHERN CALIFORNIA PRACTITIONER,

1414 South Hope Street, Los Angeles, California

Subscription Price, per annum, \$1.00.

EDITORIAL.

ANCIENT AND MODERN DANCING.

Cicero in his defense of Lucius Morena said: "Cato calls Lucius Morena a dancer. If this be imputed to him truly, it is the reproach of a violent accuser; but if falsely, it is the abuse of a scurrilous railer. Wherefore, as you are a person of such influence, you ought not, O Marcus Cato, to pick up abusive expressions out of the streets, or out of some quarrel of buffoons; you ought not to rashly call a consul of the Roman people a dancer; but to consider with what other vices besides, that man must be tainted to whom that can with truth be imputed. For no man, one may almost say, ever dances when sober, unless perhaps he be a mad man, nor in solitude, nor in a moderate and sober party; dancing is the last companion of

prolonged feasting. Where there is no shameless feasting, no improper love, no carousing, no lust, or no extravagance, this vice absolutely cannot exist."

As against this arraignment, which shows the status of dancing two thousand years ago, we have in *The Dublin Medical Press* of a few months since the following favorable argument:

"Dancing is a pastime proper to the seasons unfavorable to outdoor sports, and apart from its social advantages, it is entitled to regard, if only by reason of the muscular exercise which it entails, since this is indispensable to health. A correspondent, also an amateur statistician, has taken the trouble to calculate the distance covered by dancers in their gyrations. He finds that a valse of

average duration represents approximately a run of a thousand yards. This is the longest dance, with the exception of the quadrille, which, with its four figures, covers nearly 1800 yards. The mazurka is only equivalent to about 900 yards, and the polka to 800, while the lazy *pas de quatre* is barely 700 yards. Carrying his statistical ingenuity still further, he estimates that the usual series of dances at an ordinary ball, beginning at 10 p.m. and finishing at 5 a.m., represents no less than 56,000 steps, equivalent to nearly twenty-five miles on level ground. Admitting that the dancers are few in these degenerate days who go conscientiously through the entire list of dances provided for their entertainment, the fact remains that each man (and woman) who does his (or her) duty accomplishes a very respectable amount of exhilarating exercise. The value of exercise from a physiological point of view is greatly enhanced by its exhilarating effects, and this is one reason why the daily "constitutional" fails to yield the health-giving effects of cycling, golf or dancing, the only drawback to the last named being the lack of fresh air and sunlight, which add so materially to the enjoyment and salutary effects of all forms of outdoor exercise."

Aside from its social aspect, the pleasure of dancing consists in the exhilarating thrill that accompanies the undulatory movement that belongs to all measured dancing. Shakespeare says: "When you do dance, I wish you a wave of the sea." There is a pleasant glow of excitement due to the excess

of blood sent to the brain and the mind feels the beauty of emphasis and cadence in muscular motion as much as in musical notes. Locke in his work on education says: "The effects of dancing are not confined to the body. It gives to children not more outward gracefulness of motion, but inward thoughts and becoming confidence."

There is evidently an intense yearning for dancing innate in the human breast. Evidence of this is forthcoming from the lowest savage tribes to the highest circles in civilized nations. Outdoors dancing should be encouraged, especially here in California where three hundred and twenty-five days in every year are clear and beautiful.

DURING PREGNANCY.

Prof. Jewett, in his manual on child-bed nursing, recently published by E. B. Treat & Co., makes the following plain and sensible statement in regard to the care necessary during pregnancy:

Medical Supervision.—The pregnant woman should place herself under the direction of her physician from the first months of pregnancy, should consult him frequently during the later months, and especially on the least feeling of illness.

General rules of health.—Most essential are:

Daily open-air exercise for one or two hours.

Avoidance of exhaustion and of violent muscular exertion.

Proper action of the bowels once daily.

Eight hours of sleep daily.

Pure air at all times.

A tepid or cool bath once daily; the bath should be taken in the morning in a warm room, and with plenty of friction to secure complete reaction.

Daily cleansing of the external genitalia, especially in the later weeks of pregnancy; in case of irritating vaginal secretions, a vaginal douche once daily of two quarts of boiled water at the temperature of the body, and containing four tablespoonfuls of boric acid.

Clothing to suit climatic changes.

Avoidance of tight clothing, particularly about the breasts and abdomen; corsets should not be worn.

Freedom as far as possible from mental excitement and from depressing emotions.

The teeth require special care during pregnancy. They should be brushed on rising and retiring and after each meal, and the spaces between them kept free from particles of food. Examinations by the dentist at intervals of two or three months are advisable.

Diet.—Milk, eggs, farinaceous foods, fruit, especially cooked fruits, with little or no sugar, meat once daily, should be the basis of the dietary.

Fried dishes, pastry, rich foods, excess of meats, of sweets and of tea and coffee, and overeating, should be avoided.

Alcoholic stimulants are forbidden, except as ordered by the medical attendant.

Six or eight goblets of pure water should be drunk daily, best within one or two hours before meals and at bed-

time. It may be hot or half cold. Ice cold drinks are injurious.

The patient should seek the advice of her physician with reference to further details.

Care of the nipples.—During the last one or two months the nipples should be cleansed daily with a borax solution—tablespoonful to a pint of water. They may be anointed with fresh cacao butter after cleansing, and if small or sunken should be gently drawn with the thumb and fingers. Kneading them daily with clean fingers helps to prepare them for nursing. The hands should first be cleansed with soap and warm water.

Examination of the urine.—Once monthly during the first three months, twice monthly during the next three, and at least once weekly during the last three months, a sample of the morning urine should be sent to the doctor for examination.

Note amount of daily excretion. If it falls below sixty ounces, the quantity should be increased by drinking more water. This failing, the physician should be consulted.

PROFESSIONAL OPPORTUNITIES.

The following professional opportunities—one in Nevada and the other in California—may be of interest. Any person who means business, by writing this office will be put in communication with either of these parties.

FIRST PROPOSITION.

NEVADA, Nov. 5, 1902.

Editor Southern California Practitioner,
1414 S. Hope st., Los Angeles, Cal.
Dear Doctor:

If you know anyone located on the seashore or within a few miles of it, or in Los Angeles, who desires to dispose of practice and property or who needs a partner, I should be glad to hear about it.

Also, if you should know of anyone who wants a good mining camp practice should like to know about it. I have a practice in this camp worth from \$250 to \$400 per month. It is a live, growing camp. My office furniture is worth about \$300, and anyone buying it can have the practice. A good, all-round practitioner can easily hold all the practice; but he *must be* a thorough man.

I desire to leave in January, spend three months in post graduate work in New York, and locate in California about May next.

I shall be glad, indeed, if you can help me in the matter, especially as to securing a satisfactory location in your section. I shall have no trouble in finding someone to take my place here.

Yours truly,

SECOND PROPOSITION.

—, Cal., Nov 6, 1902.

Editor Southern California Practitioner,
Doctor:

My practice is for sale. From it I collected, last year, \$3378. This year will collect more. The business is transferable and capable of increase. The amount is small, but expense of doing business is slight. Books open to inspection. Am local Southern Pacific surgeon; annual pass for self and wife over "lines in California."

I will give with the practice one 2½-

acre apricot orchard, with abundant water; has paid well. One block of lots (5) improved, containing one 4 room cottage, with front and back porch, water, etc. Was offered \$150 per year rent. One barn, buggy-shed, two box stalls, hay room to contain a year's supply, and tool and storeroom. New office, built for the purpose and connected with my cottage; cottage in which I live, 7 rooms and pantry, bath, woodhouse, etc. Most central corner in place.

Price of practice, \$6500, real estate thrown in. Property is clear of incumbrance.

Don't want to correspond with any but actual buyers who possess coin. Terms, \$4000 cash, remainder to suit.

Qualifications and character of buyer must be certified to before I would introduce him to my patrons.

Respectfully,

MITRAL OBSTRUCTION.

We have just received a reprint from the New York Medical Journal entitled "A New Study of Mitral Obstruction, with Illustrative Cases," by Thomas E. Satterthwaite, M.D., of New York. The paper is very instructive, and at the close the author sums the matter up as follows:

The following points appear from my tables:

1. Mitral obstruction is usually fatal before the age of forty is reached.
2. Females are little more prone to it than males.
3. There is apt to be a marked con-

trast between a strong cardiac impulse and a feeble radial pulse.

4. The true presystolic murmur occurred in fifteen per cent. of my cases. It comes and goes, but is usually inaudible in the last stage.

5. It is apt to have a loud rasping or sawing quality, but may be "gushing" or "whirring." It may also be faint or inaudible.

6. In about forty per cent. there is some sort of diastolic murmur.

7. These murmurs are best heard over a rather limited area, somewhat oval in form, having for its center an area between the fourth left space, inside the nipple and the apex, and extending an inch or so to the right or the left. Occasionally this murmur is heard best as low as the fifth, sixth or even seventh left space; more rarely it is heard as high as the second left rib.

8. In ten to thirty-five per cent. there was a thrill over this area.

9. The first sound at the apex is short and abrupt.

10. The second pulmonary sound at the base is usually intensified.

11. Occasionally a murmur with the second sound at the base is heard over the left auricular appendix.

12. At first there is hypertrophy of the left ventricle. Then atrophy of it, with hypertrophy of the left auricle; then follow dilatation and hypertrophy of the right heart.

13. Mitral insufficiency must to some extent accompany mitral obstruction.

14. In distinguishing the presystolic murmur of mitral obstruction from the

Flint murmur of aortic insufficiency, we should rely on the "long heart" and the strong impulse, or the "Corrigan" of insufficiency, rather than auscultatory signs. In case there is both aortic insufficiency and mitral obstruction a differential diagnosis is impossible, with the means we have now at our command.

OUR STATE BOARD OF EXAMINERS.

The *Occidental Medical Times* for December contains a defense of the State Board of Examiners, although criticising the use of such terms as "cryoscopy" and "Hanot's cirrhosis," and saying: "It is readily admitted that the use of personal names and words not in common parlance, under these circumstances is reprehensible and leaves room for criticism."

In concluding its article the *Times* gives the following table:

	Passed	Failed	Conditioned or withdrawn
Med. Dept. Univ. California.....	29	1	5
Cooper Med. Coll.....	16	1	7
Coll. Phys. and Surg., S. F. Cal.....	5	2	1
Coll. Med. Univ. Southern California	10	3	2
Univ. of N. Y., Bell Hosp. Med. Coll.	2	2	2
Med. Dept. Univ. Mich.....	3	1	2
Johns Hopkins, Md.....	6	2	2
California Med. Coll., S. F. (Ecltec.)	3	1	2
Med. Dept. Northwestern Univ.....	1	1	2
Hahneman Med. Coll., Ill.....	2	1	2
Hahneman Med. Coll., Pa.....	2	1	2
Coll. Phys. and Surg., Ill.....	1	1	2
St. Louis Med. Coll., Mo.....	1	1	2
Med. Coll. of Mo.....	1	1	2
Med. Univ. of Louisville.....	1	1	2

In the following schools all passed: Jefferson Med. Coll., 2; Univ. Vienna, Austria, 1; Eclectic Med. Institute, Ohio, 1; Columbia Coll., N. Y., 1; Univ. London, Eng., 1; Coll. Phys. and Surg., N. Y., 2; Med. Coll. Kiel, Ger., 1; Coll. Med., Syracuse, N. Y., 1; Harvard, 3.

In the following, all failed or withdrew: Certif. State Board of Vermont, 1; Ensworth Med. Coll., 1; Coll. Phys. and Surg., Ohio, 1; Royal Med. Coll., Naples, Italy, 1; Med. Dept. Univ. Vermont, 1; Louisville Med. Coll., 1; Med. Dept. Univ. Buffalo, 1; Coll. Phys. and Surg., Mo., 1; Columbus Med. Coll., Ohio, 1; Coll. Phys. and Surg., Keokuk, Iowa, 1; Illinois Med. Coll., 1; Med. Dept. Univ. Baltimore, Md., 1; Kansas City Med. Coll., 2; Kentucky School of Med., 2; Med. Dept. Tulane Univ., 1; Univ. Med. Coll., K. C., Mo., 1; Med. Dept. Univ. Md., 1; Memphis Hosp. Med. Coll., 1; Saginaw Med. Coll., Mich., 2; Gross Med. Coll., 1; Barnes Med. Coll., Mo., 2.

In the following, one passed and one failed: Med. School of Maine; Chicago Homeopathic Med. Coll.; Med. Dept. Univ. Iowa; Rush Med. Coll.

We, of Southern California, can look with special pride upon this table. Our little college of medicine of the University of Southern California, which has gone along so quietly for nearly twenty years, is glad to see its graduates give such a good account of themselves. This Los Angeles college has never been conducted with the idea of making money or getting a large body of students. Its sole object has been to occupy the field here and do good, thor-

ough work. Dr. Bramerd, who has been the dean during the student life of all those who came up before the State Board of Examiners, can well be happy over this record. In his work he has had the hearty co-operation of an able faculty, and we have no doubt that Dr. McBride, the new dean, will fully maintain this high standard. We should none of us, though, ever fail to give full credit to the first dean of the college, Dr. Joseph P. Widney, who, under great trials, carried this semi-tropic, occidental first-born through infancy and adolescence, and delivered a lusty youth into the care of Dr. Brainerd.

MEDICAL BANQUET.

On Thanksgiving Eve M. N. Eskey gave an elegantly appointed banquet at Levy's to the following physicians: Drs. Ralph Hagan, F. K. Ainsworth, E. V. Van Norman, W. M. Lewis, William V. Van Norman, J. E. Cowles, E. C. Buell, T. J. McCoy, W. H. Dukeman, H. S. Cates, S. S. Salisbury, E. A. Bryant, G. E. Stoner, C. B. Dickson, R. Wernigh, L. Dearth, Francis B. Kellogg, John R. Colburn, F. R. Frost, W. E. Waddell, R. C. Kirkpatrick, W. C. Parker, J. L. Kirkpatrick, J. W. Parker, Ralph Williams, J. K. Carson, J. W. Trueworthy, F. S. Barnard, B. Parkhurst, F. O. Yost, Charles W. Fish, J. H. Martindale, H. H. Maynard, J. H. Seymour, J. L. Hutchinson, J. M. Armstrong, A. B. Newkirk, B. F. Church, R. H. Burton, Lee Hagadorn and J. A. Muir. Besides the eatables and drinkables there was an enjoyable feast of reason and flow of soul.

EDITORIAL NOTES.

Dr. S. M. Strong has located at Santa Rita, New Mexico.

Dr. H. H. Sherk, the Pasadena surgeon, has returned home after an eastern trip.

Dr. Armstrong, formerly of Denver, has located in Banner, San Diego county.

Dr. W. Edward Hibbard of Pasadena has recovered entirely from his serious accidental injury.

Dr. E. N. Mathis has again been chosen Health Officer of Los Angeles county. He was the unanimous choice of the Board of Supervisors.

Dr. C. F. Taggart, medical director of the Salt Lake Railroad, has moved his offices to the Douglas Building, corner of Third and Spring streets.

The elegant and expensive addition to the hospital of the Sisters of Charity in Los Angeles was dedicated on Thursday, December 11, 1902. There was a large attendance, and it was in every sense of the word a brilliant occasion.

Dr. M. B. Campbell has been reappointed Superintendent of the State Hospital for Insane at Highland, San Bernardino county, for the next four years. Dr. Campbell has made a record there for honesty of administration and executive ability.

Dr. E. M. Palette of Los Angeles has just returned from a fifteen-months trip around the world. The first twelve

months he spent in special study in Berlin, and devoted the balance of his time to sight-seeing. The doctor has settled down to practice again with Dr. Choate, corner of Second and Broadway.

Twenty students were graduated at Rush Medical College at the convocation of the summer class in October. The degrees were conferred by President Harper of the University of Chicago, of which Rush is the medical department. Prof. Norman Bridge of Los Angeles gave the doctorate address.

The Orange County Medical Association held a meeting at the residence of Dr. F. E. Wilson in Westminster. Dr. Wilson read a paper on "Anesthetics," after which he entertained the members with an oyster supper. Dr. Wilson seems to know how to bring about a "fellow feeling that makes us wondrous kind."

Mr. Julian Kutnow, representing the firm of Kutnow Brothers of London, England, has been paying a visit to Los Angeles introducing the Kutnow Powder and other specialties of that well-known firm. Mr. Kutnow has made many friends here, and goes away leaving the conviction with all that he is a delightful gentleman as well as a thoroughgoing business man.

A German physician recommends that in giving creosotal it be combined with olive oil, one drachm of the former to six and two-thirds ounces of the latter, and that it then be given in tablespoonful doses three times daily. This

combination is specially recommended in catarrhal cystitis. Creosotal, or the carbonate of creosote, is also being especially recommended in the treatment of pneumonia.

Dr. C. A. Mackechnie, the health officer at San Bernardino, has gone to Montecito, Arizona, where he takes the position as physician to a mining company. Dr. Wesley Thompson has been elected by the San Bernardino Board of Health to succeed Dr. Mackechnie as health officer. Dr. J. N. Bayless is president of the San Bernardino Board of Health.

The Philadelphia Medical Journal has purchased the Therapeutic Monthly, and incorporated it as a department. The journal begins with its issue of November 8th a very interesting section which it styles "The Therapeutic Department," under the editorship of Julius R. Salinger, M.D., with an able corps of coadjutors.

"Medical Education" is the title of a paper read before the Medical Society of the State of California last April by Wm. F. McNutt, M.D., of San Francisco. The author has many original ideas, and justly inveighs against the great number of medical schools in the United States, there now being 175. He especially condemns night medical schools, and thinks that they should be changed from night until Sunday; that in a four-year course there would be 208 Sundays, which would give 2080 hours of work for each student. He also

thinks it a reflection on our medical schools to have to go to the legislature for a board of examiners to examine those whom we have already graduated. The author takes quite an optimistic view of the present condition of medical education, but thinks there is much that might yet be done to improve it.

The Territorial Medical Board of New Mexico met at Santa Fe on December 2 for the purpose of examining doctors desiring licenses to practice in that Territory. The Board is composed of the following physicians: President, George C. Bryan of Otero; secretary, W. G. Hope of Albuquerque; W. R. Tipton of Las Vegas, J. H. Sloan of Santa Fe, T. P. Martin of Taos, John Tascher of Albuquerque, and W. D. Radcliff of Belen.

The following named physicians successfully passed the required examination and were granted a license to practice in the Territory: Ralph R. Green, Questa; T. A. McKennie, not located; Herbert B. Mastin, Chicago; S. M. Strong, Silver City; N. E. Richardson, San Antonio; C. D. Smith, La Plata; J. R. Shuman, East Las Vegas; S. C. Clark, Madrid; Walter Purviance, not yet located; J. B. Cutter, and E. N. Wilson, Albuquerque; O. W. Miller, Alamogordo, and J. L. Norris, Moriarty.

Surgeon General Walter Wyman of the Marine Hospital Service has just issued a bulletin on "The Presence of Tetanus in Commercial Gelatin," and also a pamphlet on "Laboratory Technique," covering the subject of "Micro-

rophotography With Simple Apparatus," etc. This work that General Wyman is doing is of great value to the profession, and he will gladly send copies to any physicians interested who will address him at Washington.

CHANGE AT IDYLLWILD.

Dr. Harvey G. McNeil, who has been the medical superintendent of the Idyllwild Sanatorium for something over a year, has resigned. Dr. McNeil has proven himself a skillful man in his specialty, and commands the earnest respect and good will of all who have come under his care. He has been succeeded by Dr. D. S. McCarthy, a well-known Los Angeles practitioner.

Dr. McCarthy goes to Idyllwild with the intention of devoting himself hereafter exclusively to sanatorium work.

Idyllwild is doing a remarkable winter work. There are twice as many patients there now as at this time last year, and the recoveries, even in cases of the advanced stage of the disease, are remarkable.

PREVENTIVE MEDICINE.

Borough of Brooklyn, New York City,
October 31, 1902.
Editor Southern California Practitioner,
Los Angeles, Cal.
Dear Doctor:

The two prizes of a thousand dollars and five hundred dollars which we offered last January for the two best essays on "Preventive Medicine" have been awarded by the judges, Dr. Lewis of New York, Dr. Reed of Cincinnati and Dr. Rhodes of Chicago, who met for a final consultation in Buffalo.

Two hundred and nine essays were submitted in competition, and although

nearly every State in the Union was represented in the contest, both prizes were won by Philadelphia men.

The thousand-dollar prize was awarded to Dr. W. Wayne Babcock, 3302 North Broad street, Philadelphia. His essay is entitled "The General Principles of Preventive Medicine" and was submitted under the nom-de-plume "Alexine."

The five-hundred-dollar prize was awarded to Dr. Lewis S. Somers, 3554 North Broad street, Philadelphia. His essay is entitled "The Medical Inspection of Schools—a Problem in Preventive Medicine" and was submitted under the nom-de-plume "Broad."

The two successful essays will first be published in representative medical journals, and then in permanent form for gratuitous distribution to the profession at large.

Very truly yours,
THE MALTINE COMPANY,
C. C. Neuman,
Secy.

Buffalo, October 18, 1902.
To The Maltine Company, New York.
Gentlemen:

Your committee selected to award the two prizes offered by your firm for Essays on Preventive Medicine, or some subject connected therewith, begs leave to report that the large number offered in the competition (being two hundred and nine in all), and the general high-grade of their excellence, has made the matter of selection very difficult. After critical examination and mature deliberation, however, your committee has awarded

The First Prize to the essay entitled "The General Principles of Preventive Medicine," signed "Alexine," and

The Second Prize to the essay entitled "The Medical Inspection of Schools—a Problem in Preventive Medicine," signed "Broad."

In submitting this report the committee congratulates you upon the widespread interest which you have aroused in the very important subject of Preventive Medicine, and it congratulates the medical profession and the public upon the great good that will follow the publication of the valuable addition to literature thus evoked by your enterprise.

Respectfully submitted,

DANIEL LEWIS,

CHARLES A. L. REED,

JOHN EDWIN RHODES,

Committee.

POWELL'S PATHETIC PLEA.

Office of Thomas Powell, M.D., author of "The New Vital Philosophy" (in preparation).

LOS ANGELES, Cal., Nov. 1, 1902.

Editor of Southern California Practitioner:

Dear Doctor—I have just received your circular proposing to send "The Southern California Practitioner" to subscribers for the very low price of one dollar, which offer I gladly accept, inclosing herewith the currency.

A short time after my arrival in Los Angeles I subscribed for the "Practitioner," and with the intention of being both a constant reader and an occasional contributor. But the fact that I have not since been approached by the subscription agent, together with the further circumstance that the profession of this city was led by the press reports and the prevarications of "Dame Rumor" not only to close their ears to my every appeal, but to denounce me as a quack and pretender, led me to suppose that the proprietors of the "Practitioner" did not want my name to remain on their list.

But the fact that I was finally given a hearing, harsh and unjust as the circumstances that led to it really were, together with the fact that I have recently received not only the circular above named, but another from Prof. Black of

the Hendryx Laboratory, have led me not only to renew my subscription, but to hope that the misapprehension of my conferees of Los Angeles have been sufficiently allayed to enable them to listen to a rehearsal of the facts of my case, and to act accordingly.

I came to Los Angeles, not to antagonize, but to affiliate with the medical profession, and to the extent of membership in the American Medical Association. I have still in my possession a blank application (which was supplied by a friend in the East) that I intended to use as soon as I was admitted to membership in the local society. I have formerly practiced medicine in small country towns, where there were no medical societies, and had no chance, therefore, to take an earlier step in this direction. As a matter of fact, I am about the most misunderstood man in California, if I may so express it. The outgivings of "yellow journalism" made it seem to the profession that I was an advertising doctor and a vain charlatan, when I was in reality nothing of the kind, but simply a victim of some, to me, unknown press reporter. The truth is, as I am abundantly able to prove:

1. That I am not justly chargeable with being an advertising doctor, for I have never spent so much as a single dollar for such a purpose. The few facts concerning my claims and experiments that first appeared in the newspapers, along with the fabrications of the newsmongers, were surreptitiously obtained and published without my knowledge, consent or connivance. The articles subsequently published by the "Syndicate" newsmongers were made up of garbled extracts of articles I had published in the medical journals, and their own vain imaginings. I have freely contributed to the medical journals, and to the extent of nearly every fact involved in my discoveries, but not to the newspapers.

2. I spent much time and money when I first came to Los Angeles in or-

der to prove to the satisfaction of my confreres that I was neither a pretender nor a violator of the ethics of the profession, but an actual discoverer—that I had certainly found out what it is that renders the body susceptible to infection, and how to remove the same, thus securing perfect “immunity.” With this end in view I rented Owen’s Hall for three days, and invited by special card (inclosed in a sealed envelope) every physician whose name appeared in the “Official Register” as a resident of Southern California, thus excluding the “laity,” as demanded by established usage. In the card of invitation I requested those who might attend, to bring with them cultures of such infective organisms, as they might deem appropriate to test my claims. This request was complied with, and so was the further request that some one should introduce the germs, the object being to obviate the possible charge of fraud or collusion. All who were present (about twenty-five each day) will bear witness to the fact that I satisfied them as to the truth of my claims, and the probity of my purposes, in that I not only passed through the ordeal unharmed, but stated in answer to a question propounded by the late Dr. N. A. Dalrymple of Pasadena, that I proposed to make everything I had discovered known to the profession as soon as I could complete the manuscript for the work I had previously announced.

3. Shortly after my arrival in the State I wrote to the State Board of Medical Examiners expressing a desire to qualify as a medical practitioner, and informing them of the fact that I had lost my diploma, but had ample evidence of having had such a document. I afterwards spent a week in San Francisco trying to get the facts of my case before the board, but in vain. For it so happened, as Secretary Wadsworth informed me, that three attempts were made during the week to convene the board, without securing a quorum.

I had by this time expended all the money I had, and not being able to prosecute my case any further, before the legal tribunals or otherwise, I found myself confronted by the desperate alternative of either allowing myself and family to starve, or of practicing my profession in violation of the law. I chose the latter course, feeling certain that in the event of a prosecution I would be able not only to get the hearing I had previously sought in vain, but the necessary papers as well. For the space of more than four years the situation remained unchanged, my only protection being that afforded for awhile by a licensed practitioner, whom I discharged at the end of the second month because I found him to be an advertising doctor and an all-around fraud. The long expected prosecution was finally attempted, with the result that I was granted a license to practice medicine in the State of California.

4. That I was so profoundly depressed in consequence of the injustice heaped upon me, mistakenly though it was, that I could not carry out my expressed purpose of completing my works—a fact which has been interpreted, it seems, to mean that I had resolved not to do so. But the fact is, that immediately after I was granted a certificate I resumed the preparation of my works, as several of my medical friends, including the prosecuting committee, know full well. I am devoting every spare moment to this work and will eventually make public everything I have discovered, as I fully intended to do until I was induced by the aforesaid circumstances and the advice of friends, to declare that I would not, a position, the taking of which I have often regretted, and which I have long since abandoned.

My only regret is, that I allowed the resentment occasioned by the injustice that was heaped upon me in consequence of a misinterpretation of my

motives, to swerve me to some extent from the pathway of professional ethics, thus giving to the charges made against me, the only truthful coloring that they have ever possessed.

I have long been utterly ashamed of having thus contributed a real example of wrong doing to the many which were merely imaginary, as above explained.

I have not only erred, but made amends as best I could for so doing. Others have erred, and still more egregiously and wrongfully than I have, driving me into the very depths of poverty. Will they do as I have done; that is, retract the wrong and make amends as best they can, or will they not? I can

but feel that they will. Will you, my dear doctor, given such a result, by urging publicity to this communication? I can but believe that you will. The committee that examined my credentials, and heard my plea, kindly and promptly commended me to the State Board. Will the rest of the profession or the public be equally attentive to the facts of my case and the demands for justice and mercy? I can but feel that they will.

Thanking both you and the rest of my confreres in advance for the favor I have asked, and that I feel that I have a right to expect, I am,

Yours fraternally,

THOMAS POWELL.

BOOK REVIEWS.

THE STORY OF A LIVING TEMPLE. BY Frederick M. Rossiter and Mary Henry Rossiter.

"The Story of a living Temple" is a popular yet scientific study of the human body, in which the body is regarded as a temple with living walls, wonderful chambers, windows, a living fountain and myriads of little workers busy building up the temple. The metaphor is not carried so far as to become tiresome, while it is sufficiently elaborated to give the book much of the fascination of a fairy story. * * * The object of the book is to lead children to look upon the human building as a masterpiece of creation, a beautiful structure, worthy to be admired and guarded from injury or abuse. * * * The volume shows much thoughtful care and study and its literary style is simple, dignified and pleasing.—The Record-Herald. Cloth \$1.00 Fleming H. Revell Company 158 Fifth Avenue New York.

A POCKET TEXT-BOOK OF DERMATOLOGY. By Joseph Grindon, M.D., Professor of Clinical Dermatology and Syphilis in the Medical Department of Washington University, St. Louis. In one 12mo volume of 367 pages, with 39 illustrations, in black and colors. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M.D. Cloth, \$2.00, net; Limp Leather, \$2.50, net Lea Brothers & Co., Publishers, Philadelphia and New York.

Like the companion volumes of its series, this work gives a compact pres-

entation of its subject according to the latest developments. The illustrations are very satisfactory. Throughout the book are found many valuable prescriptions. It is an excellent book for the busy, general practitioner to have at hand.

THE PHYSICIAN'S VISITING LIST. LEXINGTON & Blakiston's) the 1900. (Fifty-second year of its publication. Price \$1. P. Blakiston's Son & Co., (Successors to Lindsay & Blakiston,) 1012 Walnut Street, Philadelphia. Sold by all Booksellers and Druggists.

The Medical News' Visiting List is the Weekly (Herald) for all patients. Monthly (undated, for 120 patients per month. Perpetual undated, for 24 patients weekly per year) and Perpetual undated, for 60 patients weekly, per year.) The first three styles contain 32 pages of data and 100 pages of blanks. The 24 patient Perpetual consists of 120 pages of blanks. Each style is one half-sized book, with paper, paper and rubber seal (thin leather). The Alphabetical Index, 21 rows wide. Lea Brothers & Co., Publishers, Philadelphia and New York.

The two visiting lists mentioned above call attention to the fact that the year is drawing to a close and that 1903 will soon be with us. The above are the two standard representatives. While

both are valuable, yet each has its peculiar merits.

We have received a pamphlet entitled "Tuberculosis of the Urinary Tract," by Dr. Newmark of Los Angeles. This very able paper was read by Dr. Newmark at the 29th semi-annual session of the Southern California Medical Society, and is a reprint from the New York Medical Record.

We have also received from Charles Denison, A.M., M.D., of Denver, Colorado, the paper entitled "Remarks on Intrathoracic Pressure, with the Illustration of the Author's Method of Lung Immobilization," which he read before the American Climatological Association at its Los Angeles meeting, June, 1902. Physicians interested in this subject should address the doctor for a copy.

"Enteroptosis and Pregnancy" is the title of a monograph by Charles D. Aaron, M. D., of Detroit, Mich. This subject is attracting a great deal of attention at present, and the author closes with the following:

In conclusion let me say:

1. That the dispensing with the abdominal bandage after pregnancy according to the new method of obstetricians predisposes to enteroptosis.

2. Pregnancy favors and assists the cure of enteroptosis.

3. Patients with enteroptosis need not, on its account, hesitate to be exposed to pregnancy.

4. The disagreeable symptoms of enteroptosis seem to disappear, while the patient is carrying the child.

5. Keeping the patient in bed after delivery and applying an effective band is very helpful in the cure of enteroptosis.

6. Early convalescence after delivery and insufficient support to the abdomen predispose the patient to enteroptosis.

THE PRACTICAL MEDICINE SERIES OF Year Books, comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School.

Volume I. General Medicine, edited by Frank Billings, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, M.D., Professor of Medicine, Chicago Clinical School, October 1902. Price \$1.50. The Year Book Publishers, 10 Dearborn street, Chicago.

This volume before us is much larger than either of the ten volumes of the year just closed, and the editorial work of Drs. Billings and Salisbury is indeed very satisfactory.

We have run over with especial interest a chapter on "Tuberculosis." The volume throughout is well edited, and the matter collated from many sources is put into very readable and interesting form.

For the year just beginning the publishers make a very attractive announcement. The next volume will be on General Surgery, by John B. Murphy, and the ten volumes will contain about 3000 pages. To subscribers the price of the entire series will be \$7.50.

THE PHYSICIAN'S POCKET ACCOUNT Book, consisting of a Manila-bound book of 208 pages and a leather case. By J. J. Taylor, M.D. Price, \$1.00 complete. Subsequent book to fill the case 40 cents each, or 3 for \$1.00. Published by THE MEDICAL Council, Twelfth and Walnut streets, Philadelphia.

This is a very useful book, especially to the beginner. It serves the place of a set of books, and gives the young man some valuable points in regard to book-keeping.

"American Gynecology" is the name of a new publication of which Charles Jewett, of Brooklyn, is the editor-in-chief, supported by sixty-two assistants, with E. W. Reynolds as promoter. It is published at No. 1 Madison avenue, New York City, at \$4 per year. It contains a great deal of excellent mat-

ter, and as long as Prof. Jewett remains editor-in-chief we have no doubt as to its worth.

We have received from Chas. P. Noble, M.D., surgeon-in-chief Kensington Hospital for Women, Philadelphia, the following reprints, any one of which will be sent by Dr. Noble on request, to physicians particularly interested:

"Clinical Report Upon Ureteral Surgery," "Two Cases of Deciduoma Malignum," "Drainage Versus Radical Operation for Suppuration in the Female Pelvis," "Report of a Case of Epithelioma of the Clitoris, with Operation," "Report of Three Rare Operations Upon the Urinary Organs."

Smithsonian Institution, Annual Report for 1901.—This popular volume for 1901 is before us. It contains fifty articles, many of them illustrated, nearly all prepared by masters of the respective subjects, telling in clear and interesting language of the latest progress in all the principal branches of knowledge.

The Smithsonian Reports are distributed by the Institution to libraries throughout the world; may be had by purchase at cost from the Superintendent of Documents, Washington City, and may also generally be obtained free of charge from the applicant's Member of Congress.

THE "PHYSICIAN AND SURGEON," PUBLISHED at Detroit and Ann Arbor, comes to us in August with some unusually important articles on infectious diseases. The leading article is "The Consumption, Poor, and Establishment of a Consumption Hospital," by Herbert Maxon King, M.D. This journal reflects credit upon its able editors.

SCHMIDT ON VENEREAL DISEASES. Lea's Series of Medical Epitomes. A Manual of Genito-Urinary and Venereal Diseases for the use of Students and Practitioners. By Louis E. Schmidt, M.D., of the Chicago Polyclinic. In one handy 12mo volume of 250 pages, with 21 illustrations. Cloth \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1902.

This work is the first volume of Lea's

Series of Medical Epitomes, and furnishes an excellent example of what a useful epitome should be. The treatise is comprehensively written in clear and intelligible style and covering the essentials of this important subject in its most modern development.

Dr. Schmidt has adapted the work especially to the needs of medical students, but it will be found peculiarly convenient as a ready reference work for the physician who wishes to refresh his memory or to post himself on the most recent knowledge on the subject.

THE MEDICAL EPI TOMES. Vol. II. Diseases of the Skin. A manual for students and practitioners. By Alfred Schickel, M.D., instructor in Dermatology, Genito-Urinary, and Venereal Diseases, Rush Medical College (in affiliation with the University of Chicago,) Chicago, Illinois. Series edited by V. C. Pedersen, A.M., M.D., illustrated with thirty-four engravings. Cloth \$1.00. Lea Brothers & Co., Philadelphia and New York.

This volume, like the first one of the series, is especially valuable to students, and at the end of each subject there are several questions which bring out the most important points. Diagnosis and treatment are both entered into quite thoroughly.

A TREATISE ON MASSAGE. ITS HISTORY, Mode of Application and Effect. Indications and Contraindications. By Douglas Graham, M.D., of Boston, Massachusetts, Member of the American Association for the advancement of Science; of the American Medical Association; of the Massachusetts Medical Society, etc.

"The propriety of what it is should go, not by the title."

ALL WORTHY WORKS WORTH. Third Edition revised, enlarged, and illustrated. J. B. Lippincott Company, Philadelphia and London. 1902.

Here is a scientific work on massage that is as interesting as a novel. This is the third edition of the first work that was ever published in the English language on massage.

The history—which occupies the first chapter—shows the development of this therapeutic measure from its general use

by the aborigines up to its present scientific application.

Then follows a chapter on the mode of applying massage. By reading this every village practitioner could instruct some nurse in his neighborhood so that she could be of great value to him with many patients.

The chapter on "The Physiological Effects of Massage" is also interesting, and in the course of it the author says:

"Those who talk so much about imparting their own electricity or magnetism are usually too ignorant to comprehend the one experiment that comes nearest affording them grounds for their assertion. Thus, Prof. Rosenthal has shown that the power of the will can generate an electric current and set the magnetic needle in motion simply by contracting the muscles of one arm while the other is at rest. The current then ascends the contracting arm and goes to the passive one, and this may be reversed if the muscles of the passive arm be contracted while the other rests."

Then come chapters on "Massage in Neurasthenia and Anemia," and another chapter on "Massage of the Uterus," and massage in heart disease and in neuralgia and rheumatism and lateral curvature of the spine. The chapters on massage in sprains, bruises, dislocations and joint affections in general, as well as in rheumatic gout, are all practical and to the point. We heartily commend this work.

MANUAL OF CHILDREED NURSING WITH Notes on Infant Feeding, by Charles Jewett, A.M., M.D., S.C. D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth Edition revised and enlarged. Cloth, 80 cents. E. B. Tread & Co., 24-243 W. 23rd St., New York, 1902.

This neat little volume, which is sold at the very low price of 80 cents, is full of good, sound instruction. It is a good book for nurses, patients, and even for the doctor himself. In our editorial

pages we quote from the chapter on "Pregnancy."

"THE SCIENCE AND ART OF OBSTETRICS," a text book, by Henry J. Garrigue, A.M., consulting obstetric surgeon to the New York Maternity Hospital; Gynecologist to St. Marks Hospital; Professor of Obstetrics in the Post Graduate Medical School (retired); Professor of Gynecology and Obstetrics in the School for Clinical Medicine (retired) Honorary Fellow of the American Gynecological Society; Honorary Fellow of the Obstetrical Society of Edinburgh; Ex-President of the German Medical Society, etc. With five hundred and four illustrations.

J. B. Lippincott Company, Philadelphia and London, 1902.

This volume by the author of the work on Gynecology will prove an excellent, reliable text-book for students and practitioners. On page nine the author reports a case of childbirth in a girl only 9 years old and another case in a grandmotherly old lady of sixty-two. An innovation for a work of this kind is a chapter on copulation, in which the author goes into details making a special point on the position for copulation during pregnancy which he says should be "lateral chest to back."

Some pointed instructions are also given for the fat man.

On page 75 the statement is made that: "Statistics prove that great wars, in which hundreds of thousands of men perish, have only an evanescent influence on the proportion between the sexes, male births following in large preponderance."

"The humblest woman who is going to give birth to a child should inspire her accoucheur with genuine sympathy.

* * * The French proverb is right, "Femme enceinte, femme sainte" (a pregnant woman is a holy woman.)

"The caul was formerly supposed to betoken great prosperity for the person born with it and to be an infallible preservation against drowning, as well as to impart the gift of eloquence. During the eighteenth century seamen often



To Prevent Bursting of $H_2 O_2$ Solution Bottles

Automatic Safety Valve Stopper

Patented by Charles Marchand

Refer to National Druggist, of St. Louis, Mo., April, 1901

NO WIRE

NO BURSTING

NO LOUD POPPING

HYDROZONE

(Yields 30 times its own volume of active oxygen—near to the condition of "OZONE")

HARMLESS, POWERFUL BACTERICIDE AND PUS DESTROYER

GLYCOZONE

(C. P. Glycerine combined with ozone)

HARMLESS AND MOST POWERFUL HEALING AGENT



Successfully used in the treatment of Diseases of the Nose, Throat, Chest and Mouth.—Inflammatory and Contagious Diseases of the Alimentary Canal.—Diseases of the Genito-Urinary Organs, Women's Diseases.—Open Sores.—Purulent Diseases of the Ear.—Skin Diseases, Etc.

MARCHAND'S EYE BALSAM

CURES QUICKLY ALL INFLAMMATORY AND CONTAGIOUS DISEASES OF THE EYES

Send for free 310-page book, 16th edition—"Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs"—containing 160 clinical reports by leading contributors to medical literature.

Physicians remitting 50 cents will receive, express charges prepaid, one complimentary sample of each, "Hydrozone" and "Glycozone."

HYDROZONE is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

GLYCOZONE is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, red and blue border, with my signature.

PREPARED ONLY BY

Charles Marchand

Sold by Leading Druggists Avoid Imitations
Mention this Publication

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)
57-59 PRINCE STREET, NEW YORK

Weight Losing

Consumptives will gain weight on Hydroleine where they lose weight on plain cod-liver oil. The plain oil will cause diarrhœa, oily eructations, or pass through unchanged; while Hydroleine will be eagerly taken up by the lacteals, and produce a steady gain in weight, and a marked improvement in the general health. Hydroleine aids and restores the functional activity of the pancreas and rapidly develops an appetite.

Sold by druggists generally.

THE CHARLES N. CRITTENTON CO., 115-117 Fulton St., New York
Samples free to physicians. Sole Agents for the United States

FOR

PERFECT NUTRITION

FOR
INFANTS

PRESCRIBE

ESKAY'S
Albumenized
FOOD

BECAUSE:

FOR
INVALIDS

IT supplies the system with just what it requires, viz: ingredients from both the vegetable and animal world. Clinical reports, of which the following is one of a large number, confirm the correctness of our claims:

"I have tested Eskay's Food in acute Dysentery, Typhoid Fever, Stomach, Troubles and other conditions where the patient required some special feeding. It has been so satisfactory to me that I do not hesitate to recommend it in similar cases."—(Name of Doctor omitted for ethical reasons)

Samples and Clinical Reports sent upon application to SMITH, KLINE & FRENCH CO., Mfrs., Philadelphia

gave from fifty to one hundred and fifty dollars for a caul."

The author urges that marital relations should not be renewed until 6 or 8 weeks after child-birth, but reports a case where coition resulting in pregnancy took place four days after delivery.

The illustrations are many of them remarkably fine but one on page 192 shows the accoucheur wearing a black pair of trousers, dolly varden suspenders, with his sleeves rolled up and his right hand clasping the head as it

comes through the vulva. From the text we learn that the author says that the obstetrician wear a *white* gown and take every precaution that is advisable in a laparotomy, but in this work the artist is misleading.

The author reports forty-five *phlebotomy* with perfect order and normal gait in every case.

This is no stereotyped compilation but an interesting volume, deduced from the extensive practice of an intelligent observer.

THERAPEUTICAL HINTS.

We have received from the Denver Chemical Manufacturing Company, 451 Washington street, New York City, a very handsome Christmas calendar, which this company, who are the manufacturers of Antiphlogistine, will send to any physician on request. The manufacturers are especially urging that all physicians in prescribing Antiphlogistine prescribe it in the original package.

FOR YOUR DESK.—For several years a handsome rocker pad has been mailed to physicians by Henry B. Platt of New York. Finding that many prefer a flat desk blotter, the concern had one designed for them, and are now ready to mail them on request. A postal card addressed to the office of "Platt's Chlorides, No. 42 Cliff street, New York," will bring you one.

When babies refuse other foods and greedily take Eskay's, it is a pretty sure indication that it is not only palatable to them, but satisfies the cravings and needs of their systems better than any other form of nourishment. That this is a fact is shown by the many clinical

reports, not only from physicians in private practice, but also institutions, all of which speak in the highest terms of Eskay's.

The *Burrage Hospital of Boston*, Mass., says that "Eskay's Food is being prescribed in nearly all of our infantile cases by different members of the staff and the results met with are very satisfactory."

WINTER COUGHS—It is in the chronically congested state of the bronchial, tracheal and pulmonary mucous membranes attended by hypersecretion of mucus, that Anger's Petroleum Emulsion is of special value. The expectoration becomes more free, the pulmonic congestion is relieved, the respiration is easier, the troublesome cough is checked. The sputum, when expectorated, becomes less viscid, more freely expectorated and loses its fetid and purulent character. The sensation of dryness and irritation in the throat and chest is relieved. Anger's Petroleum Emulsion is a natural sedative therapy, which also adds vigor and tone to the system.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.



A
PURE GRAPE JUICE

UNWEETENED, UNFERMENTED
AND PRESERVED BY CAREFUL
STERILIZATION ONLY. NO ANTI-
FERMENTS USED.

PURITY GUARANTEED
NATURE'S BEST FOOD AND TONIC!

As a beverage **EL VERDE GRAPE JUICE** is delicious and refreshing. As a tonic it is invaluable in convalescence, being rich in nutrition. Put up by **LOUISE CARY SMITH** at the **EL VERDE VINEYARD, POMONA, CAL.**

H. JEYNE, Agent, Los Angeles, Cal.

WHEN FIGHTING

the tedious and long drawn out sequelæ of wasting diseases,

IRON TROPON, a soluble, very palatable Tropon (natural albumen) combined with 2½ per cent of iron, is indicated. It fulfills all the requirements of a tonic food, causes no constipation, and does not affect the teeth. Samples on request.

Representative for California.

R. H. KUHL,
2858 Steiner St.,
SAN FRANCISCO, CAL.

TROPON WORKS

81-83 FULTON STREET,
NEW YORK.

Security and Saving at Dean's.

Prescriptions should go to Dean's

People will sometimes insist on receiving everywhere the ideal prescription service they now get at Dean's without insisting.

Prescription departments should be in a separate, quiet room as it is at Dean's. All important medicines should be standardized and assayed, as they are at Dean's. The prices should be based on the actual value of the drugs used, as they are at Dean's.

Dean's Drug Store

Second and Spring Sts.

Whenever you want to prescribe Lithia, Doctor, a few words over the 'phone (Private Exchange 6) will ensure a prompt delivery of PURITAS Lithia in siphons at your patient's door. If you require still Lithia give us a little more time, as we put it up only upon order.

Thirty-five grains of Lithia to the gallon of PURITAS Distilled Water. That is the analysis of the still or sparkling. You can rely upon it--it never varies.

LOS ANGELES ICE &
COLD STORAGE CO.

Sander & Sons' Eucalyptol

Is endorsed by the highest Professional Authorities of the United States and Europe. Therefore:
Please Always Specify

Sander's Eucalyptol

when prescribing, and assure yourself of certain therapeutic success.

Apply for gratis supplied sample and literature, of **Sander & Sons' Eucalyptol** to Dr. Sander, 88 Lincoln Ave., Chicago, Ill. Meyer Bros. Drug Co., St. Louis, Mo., sole agent. Look for the Genuine Product.

Idyllwild..... Sanatorium

Altitude 5250 Feet

Strawberry Valley, San Jacinto Mountains, Riverside Co., Cal.

Address

HARVEY G. McNEILL, M.D.,

MEDICAL SUPERINTENDENT

Idyllwild, Riverside Co., Cal.

THE COLLEGE OF MEDICINE
—OF—
THE UNIVERSITY OF SOUTHERN CALIFORNIA
LOS ANGELES
FACULTY

GEO. F. BOVARD, A. M. D. D.,
President of the University.
J. P. WIDNEY, A. M., M. D., LL. D.
Emeritus Dean and Professor of Medicine.
H. H. MAYNARD, M. D.,
Emeritus Professor of Surgery.
JOSEPH KURTZ, M. D.,
Professor of Clinical Surgery.
GEORGE W. LASHER, M. D.,
Professor of Surgery.
W. LE MOYNE WILLS, M. D.,
Professor of Anatomy.
J. H. UTLEY, M. D.,
Professor of Medicine.
GRANVILLE MACGOWAN, M. D.,
Professor of Diseases of the Skin and Genito-
Urinary Organs.
E. A. FOLLANSBEE, M. D.,
Professor of Diseases of Children.
HENRY S. ORME, A. B., M. D.,
Professor of Hygiene and State Medicine.
H. G. BRAINERD, A. B., M. D.,
Dean, and Professor of Diseases of the Mind
and Nervous System.
D. C. BARBER, A. M., M. D.,
Professor of Pathology.
WILLIAM D. BABCOCK, A. M., M. D.,
Secretary and Professor of Diseases of Ear,
Nose and Throat.
H. BERT ELLIS, A. B., M. D.,
Professor of Ophthalmology.
F. D. BULLARD, A. M., M. D.,
Professor of Toxicology and Clinical Chemistry.
NATHANIEL P. CONREY, A. M.,
Professor of Medical Jurisprudence.
MELVIN L. MOORE, M. D.,
Professor of Obstetrics.
CLAIRE W. MURPHY, M. D.,
Demonstrator of Anatomy.
WALTER LINDLEY, M. D.,
Professor of Gynecology.

HORACE B. WING, B. S., M. D.,
Professor of Clinical Medicine.
GEO. L. COLE, M. D.,
Professor of Materia Medica and Therapeutics.
CARL KURTZ, M. D.,
Associate Professor of Gynecology.
MILBANK JOHNSON, M. D.,
Professor of Physiology.
STANLEY P. BLACK, Ph. B., M. D.,
Professor of Histology, Bacteriology and Clin-
ical Microscopy.
RALPH WILLIAMS, M. D.,
Associate Professor of Skin and Venereal
Diseases.
O. O. WITHERBEE, M. D.,
Associate Professor of Physiology.
W. JARVIS BARLOW, A. B., M. D.,
Professor of Physical Diagnosis.
JOSEPH M. KING, M. D.,
Associate Professor of Materia Medica.
J. LEE HAGADORN, M. D.,
Instructor of Medicine.
L. J. STABLER, M. S., Ph. C.,
Professor of Chemistry.
E. A. BRYANT, M. D.,
Lecturer on Abdominal Surgery.
SUMNER J. QUINT, M. D.,
Instructor of Medicine.
HUGO A. KIEFER, M. D.,
Instructor in Ophthalmology.
RANDALL HUTCHINSON, M. D.,
Instructor in Medicine.
TITIAN J. COFFEY, M. D.,
Instructor in Surgery.
J. A. COLLIVER, M. D.,
Instructor in Physiology.
JOHN L. KIRKPATRICK, M. D.,
Assistant Demonstrator of Anatomy.

Eighteenth Annual Lecture Course Began October 20th, 1902.

LECTURES IN DENTAL DEPARTMENT BEGIN AT THE SAME TIME

INSTRUCTION consists of graded courses through four terms of eight months each, October to June, of Clinical and Didactic lectures, and recitations, with practical work in laboratories and dispensary, treatment of out-patients, careful training in performance of surgical operations under direction of clinical and hospital staff.

THE COLLEGE DISPENSARY furnishes over six thousand cases annually in every department of surgery and medicine.

THE COUNTY HOSPITAL has 150 beds, and yields all the clinical material which can be utilized.

THE CHEMICAL AND ANATOMICAL LABORATORIES AND THE SURGICAL AND GYNECOLOGICAL OPERATING ROOMS are equipped with all the best modern appliances.

THE HISTOLOGICAL, PATHOLOGICAL, BACTERIOLOGICAL AND PHYSIOLOGICAL LABORATORIES are located in the new Hendry Laboratory Building, and are perfectly equipped.

REQUIREMENTS FOR ADMISSION.—The student must pass a matriculation examination unless he is a graduate of some University, College, High School or Academy, or holds first grade teachers' certificate. Students who come from any recognized Medical College will be allowed the corresponding time on credentials, or passing examination, as the Faculty may decide.

THE COLLEGE OF DENTISTRY begins its Second Session Oct 19, 1901, with a full corps of Professors, Lecturers and Demonstrators. A new building, containing Dental, Microscopical, and Bacteriological Laboratories, will be completed by the opening of the term. Requirements for entering, same as for Medical Department.

For further particulars address the Secretary,

W. D. BABCOCK, M. D., Stimson Bldg., 3rd and Spring, Los Angeles

GREAT SUBSCRIPTION OFFER.

Public Opinion, -	\$3.00	} \$7.50 worth will send all for one year for \$3.00.
Arena (or Cosmopolitan,) 2.50		
Everybodys Magazine, 1.00		
Southern California Practitioner, - - - 1.00		
		SEND CHECK FOR \$3.00 TO
		Southern California Practitioner,
		1414 So. Hope St., Los Angeles, Cal.

FERNAND HENROTIN, M. D. Pres.
JOHN H. CHEW, M. D., Treas.

R. D. McARTHUR, M. D., Vice-Pres.
M. L. HARRIS, M. D., Sec'y

CHICAGO POLICLINIC AND HOSPITAL

REGULAR FALL AND WINTER SESSION WILL BE RESUMED

SEPTEMBER 15th

Competent Instructors; Splendid Clinics; Fine Hospital Facilities.

For Schedule and Full Information Address

M. L. HARRIS, M. D., Sec'y

170 E. Chicago Ave., Chicago, Illinois

NEW YORK POLYCLINIC

MEDICAL SCHOOL AND HOSPITAL

Chartered by the University of the State of New York. The oldest Post Graduate School in America. Organized in 1881—Opened in 1882.

For particulars, write to

DR. W. R. TOWNSEND, Secretary, 214 East 34th St., New York

Post Graduate Medical School and Hospital

OF CHICAGO.

2400 Dearborn Street.

Actual Clinical Work with Abundant Material and Small Classes.

The facilities for Post Graduate teaching are thorough and complete in all departments, including Hospital, Clinical, and Laboratory advantages which are not excelled anywhere. Students can matriculate with equal advantages at any time. For bulletin of information, address the Secretary,

FRANKLIN H. MARTIN, M. D.,
2400 Dearborn Street, Chicago, Ill.

GREAT SUBSCRIPTION OFFER.

Everybodys Magazine,	\$1.00	} \$3.00 worth one year for \$1.75.
Cosmopolitan or Success,	1.00	
		Send check for \$1.75 to
Southern California Practitioner, - - -	1.00	Southern California Practitioner.
		1414 So. Hope St., Los Angeles, Cal.

—THE— California Hospital

OPENED JUNE 1st, 1898.



AN ELEGANT HOTEL FOR THE SICK.

Heated by Steam; lighted by both Electricity and Gas; one hundred and twenty sunny rooms; a resident Physician and a corps of sixty Nurses; the Furniture made especially for this Hospital; four well equipped Operating Rooms; five delightful Verandas; a Roof-garden, forty feet wide by sixty feet long; reached by all street car lines, directly or by transfer. Members of the medical profession will be given every modern facility for the treatment of their patients. Physicians themselves and members of their families who find it necessary to leave home for medical and surgical treatment will be given particular attention.

BOARD OF DIRECTORS 1902.

DR. F. T. BICKNELL,	-	-	-	-	-	President
DR. E. R. SMITH,	-	-	-	-	-	Vice-President
DR. WALTER LINDLEY,	-	-	-	-	-	Secretary and Manager
DR. W. W. HITCHCOCK	-	-	-	-	-	Treasurer
DR. W. W. BECKETT						DR. JOHN R. HAYNES
DR. GEORGE L. COLE						DR. H. BERT ELLIS
						DR. CARL KURTZ

ADDRESS THE CALIFORNIA HOSPITAL, 1414 SOUTH HOPE, LOS ANGELES, CAL.

· MINDSEASE ·



WEST SIDE HOUSE.

The humid, temperate, equable climate of Portland is often of great service in the treatment of nervous conditions, notably if insomnia be a symptom.

Address,

Office, "THE MARQUAM." HENRY W. COE, M.D., Medical Director, Portland, Ore.

Dr. Henry
Waldo Coe's

SANITARIUM and
COTTAGE HOMES

PORTLAND, OREGON.

FOR
NERVOUS, MENTAL
AND
DRUG CASES.

Cases not only cared
for but also treated.

THE WOMAN'S HOSPITAL

OF THE STATE OF MISSOURI,
ST. LOUIS, MO.

In charge of Emory Lanphear, M.D., Ph.D., LL.D.,

Formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of
Surgery in the St. Louis College of Physicians and Surgeons,

Admits Both Pay and Charity Patients.

The chief object of the Woman's Hospital of the State of Missouri is to provide a suitable place
for the care of poor girls and women without means to pay the high hospital fees
in other institutions, yet who need surgical or gynecological treatment

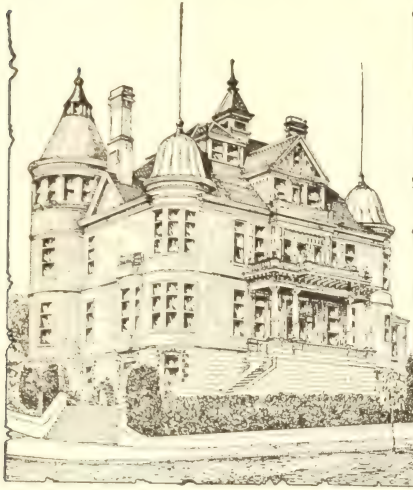
MATERNITY DEPARTMENT.

The Lying-in Department Provides for the care of pay Cases only. The utmost secrecy maintained as to identity of Patients, when required.

Those who wish farther information concerning
the Hospital, will please address

DR. EMORY LANPHEAR, Chief Surgeon, St. Louis, Mo

CALIFORNIA GENERAL HOSPITAL



Under control of the College of Physicians and Surgeons of San Francisco, Douglas Street, between 18th and 19th, San Francisco, California. An elegant and commodious hospital for all classes of Medical and Surgical cases, excepting contagious diseases. Special apartments for nervous and mental cases. Well equipped operating room. Full staff of Physicians, Surgeons and Specialists. Large and beautiful grounds—no other building in the block. Located in the warm belt of the Mission, and sheltered from the cold west winds. All physicians in good standing are permitted to place their patients in this hospital and retain over them entire control. Special rates by the month for chronic cases and to members of Fraternal organizations.

Regular Hospital Fees, \$10 per Week and upwards.

H. D. ARCY POWER, L. S. A. Eng., L. R. C. P. In.,
Resident Physician

D. A. HODGHEAD, M.D., Superintendent

COLLEGE OF PHYSICIANS AND SURGEONS

14TH STREET, BETWEEN MISSION AND VALENCIA, SAN FRANCISCO



For regulations concerning advanced standing and for further information address:

D. A. Hodghead, M.D.

Dean of the
Faculties

1025 Sutter Street
San Francisco
California, U. S. A.

MEDICINE

DENTISTRY

PHARMACY

The medical department conducts a continuous course of study, admitting students at the beginning of each quarter and holding its graduating exercises in May of each year. Attendance upon 12 quarters, extending over a period of 45 months, will be required for graduation. The full Dental course is a graded one extending over three years. The Pharmaceutical course is of two years' duration. Both the Medical and Dental courses may be pursued at the same time leading to the degrees of M. D. and D. D. S. Medical and Pharmaceutical courses may be taken at the same time leading to the degrees of M. D. and Ph. G. The matriculation fee for each department is \$5. The lecture fees in the Medical department \$30 per quarter. Fees in the Dental and Pharmaceutical Departments, \$75 or each course

IDYLLWILD SANATORIUM

Altitude
5250 Feet

STRAWBERRY VALLEY
SAN JACINTO MOUNTAINS
RIVERSIDE COUNTY
CALIFORNIA

FOUR thousand two hundred and eighty-four acres of pine forests in the Sanatorium tract, in the center of a government forest reserve of seven hundred and eighty-four thousand acres.

There are on the grounds of the Sanatorium numerous ever-flowing springs and three beautiful mountain creeks.

The wildness of mountain forests with the comforts of a metropolitan hotel.

This great establishment here in the mountain fastness, is lighted by electricity, heated by steam, and has an ideal service for sick.

No expense is spared to make the cuisine all that could be desired.

Pure spring water piped throughout all of the buildings.

Furnished cottages and tents to rent, with light, water and sewer connections, for those who desire to keep house.

Resident physician and corps of trained nurses.

Store, livery stable, golf links, lawn tennis courts, bowling alley and shooting gallery, for the patronage of all.

Guides, burros, horses, tents and cooks furnished for camping parties.

Stages with first-class horses connect daily with trains at Hemet.

Address HARVEY G. McNEILL, M.D., Medical Superintendent, Idyllwild, Riverside Co., Cal.

Wheeler's Tissue Phosphates

As Reliable in Dyspepsia as Quinine in Ague.

PALATABLE, DELICIOUS

NEVER PALLS ON THE PATIENT

The Ideal Reconstructive and Haematinic.

T. B. WHEELER

SEND FOR LITERATURE
SAMPLES NO LONGER FURNISHED

MONTREAL, CANADA

FRISCO MARKET

D. CLARKE,
SUCCESSOR TO

CLARKE BROS.

Butcher

607 South Broadway

Telephone Main 1404

Dealer in first quality Meat and Poultry exclusively. All meat scientifically slaughtered, and refrigerated by most modern method, and carefully inspected by U. S. Government Inspectors. Special attention given to meat intended for the use of invalids.



When telephoning to your druggist just add:

"Please send to each of my fever and contagious cases a bottle of Platt's Chlorides."

Platt's Chlorides,

THE ODORLESS DISINFECTANT

A Colorless liquid, sold in quart bottles only. Manufactured by Henry B. Platt, N. Y.

Your Old Friend



Antikamnia & Codeine Tablets



(ONE OR TWO EVERY THREE HOURS.)

Should be Consulted

Directly applicable in the various membranous affections of the bronchi, fauces and lungs, and also eminently qualified as an analgesic in dysmenorrhœa, ovarian neuralgia, and allied conditions

The Antikamnia Chemical Company,

(SAMPLES AND LITERATURE ON APPLICATION.)

St. Louis, U.S.A.





